

Fall 1970

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Fall 1970

Director of Admissions

commentary

Medical Schools Imperiled
by Peter A. Herbut, M.D.
President, Thomas Jefferson University

Medical Schools are imperiled. Pragmatism is necessary for survival. They need your help. Will you respond?

These are troubled times for all segments of our society. Caught up in the web of today's rapidly changing climate are the nation's medical schools. Gone is the serenity of yesteryear. All aspects of medical education are being attacked, criticized, dissected, and re-assembled both from within and from without. The "have" schools still "have," but they "have" much less than they had a mere four years ago. The "have not" schools not only "have not," but they are hurting. Theirs is a matter of survival. And the plain fact is that some will not survive—unless something is done and done quickly.

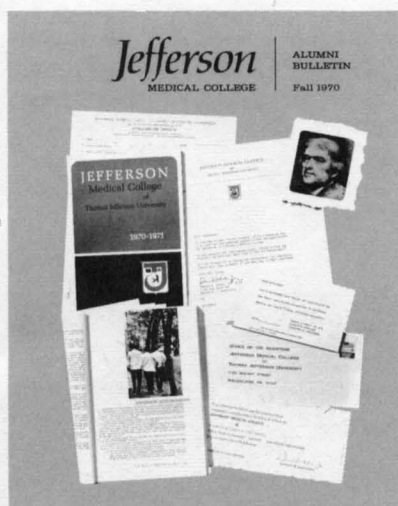
The culprit in this dismal situation is an unrelenting vise—an interminable squeeze—between exponentially burgeoning demands placed upon institutions from one direction and austere economic sanctions imposed upon them from the opposite direction. The result is an untenable position.

Traditionally, the purpose of medical schools has been, and is, to produce physicians and other medical personnel. But medical education without medical investigation is sterile. The science of medicine must be advanced if we are not to revert to the Middle Ages. Therefore, research, to a greater or lesser extent, has been added to the traditional role. In addition, in these socially conscious times, delivery of health care to the community has become the order of the day. This involves vast, complicated, intertwining resources—brain power, man power, facilities, and money. And the unvarnished truth is that all medical schools are short—sometimes woefully short—in some or each of these categories.

There are approximately 300,000 active physicians, and 2.4 million other medical personnel, in the United States today. Within the next five years there will be need for 150,000 additional physicians and 1.6 million additional paramedicals. At present, there are 101 medical schools. They produce 9,000 new physicians annually. Figures for the total annual production of other medical personnel, by both medical schools and other institutions, are not available but it is known that the number is far short of that necessary to meet even current demands. Hence, support of medical education is mandatory if the health needs of the nation are to be met.

Nationally, most financial support of medical schools comes from government, endowments, foundations, philanthropies, and alumni. While each of these is important, government does, and must, supply the bulk of the money. And of the three government sources—federal, state, and local—the onus rightfully falls upon the federal government. Starting in 1956, federal support of research and training in medical schools was increased at the rate of thirty per cent a year.

continued on inside back cover



IN THIS ISSUE

The fall issue features an in-depth look at admission policies and procedures at Jefferson, written by Director of Admissions Samuel S. Conly, M.D., class of 1944S. Some Jefferson history comes to light, through the research of I. Donald Snook, Jr., on the subject of physiology. A third feature focuses on the students, and their successful efforts to reorganize student government. The issue introduces a column called "Commentary," which will appear regularly, giving the College and University officials opportunity to discuss current topics. Dr. Peter A. Herbut, President of Thomas Jefferson University, is the first contributor.

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MEDICAL COLLEGE

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Admissions at Jefferson

by Samuel S. Conly, M.D., S'44,
Associate Dean and
Director of Admissions

*Some facts, some of them startling, about
the process of admitting a student to
Jefferson Medical College*



The current admissions picture at Jefferson might interest alumni for several reasons. One is the fact that each year thirty-five to fifty sons and daughters of alumni apply for admission to Jefferson. Hopefully this article will provide information for parents of those who intend to apply or have already applied. And no less important, a focus on the current admissions policies and procedures will enable alumni to contrast it with their own student days or compare it to the national picture.

The number of places in the first year classes of United States medical schools has risen through the years rather steadily. Today there are sixty per cent more places than there were two decades ago. The number of applicants, however, has fluctuated through the years in an irregular pattern. A low point was reached in 1961-62 and since then there has been an unsteady rise. Today's numbers approximate those seen in the post-World War II days. The applicant pattern at Jefferson has closely paralleled the national fluctuations. (See Table 1.)

The data on the acceptance rate of an individual medical school might be shocking. For example, at Jefferson only one out of every sixteen applicants is matriculated. It is not proper, however, to infer from

this that only a small proportion of applicants nationally manages to gain admittance. The fact of the matter is that on the average each applicant applies to five schools and on a national and unduplicated basis approximately fifty per cent of the applicants are admitted.

The Committee on Admissions at Jefferson is appointed annually by the Committee on Committees of the College. There are currently twenty-two members of the Committee on Admissions: nineteen faculty members and three students with full voting privileges. Of the faculty, only three are new members of the committee so that, by design, most have previous years of experience and thus provide continuity in admissions work. Seven of the members this year are, incidentally, Jefferson alumni.

The Committee on Admissions, according to the By-laws of the College, is "responsible for the selection of students and shall have power to act in all matters pertaining to admission in accordance with general policies adopted by the Professorial Faculty. The Professorial Faculty may modify such policies from time to time. However, new regulations affecting admissions shall not become effective until the next College year and the Committee's actions on specific

TABLE 1
Application Activity During the Past 21 Years

<i>First Year Class</i>	<i>Nationally</i>		<i>Jefferson</i>	
	<i>Applicants</i>	<i>First Year Students</i>	<i>Applicants</i>	<i>First Year Students</i>
1950-51	22,279	7,177	2,796	168
1951-52	19,920	7,436	2,625	170
1952-53	16,763	7,425	2,367	170
1953-54	14,678	7,449	1,956	171
1954-55	14,538	7,576	1,835	175
1955-56	14,937	7,686	1,795	176
1956-57	15,917	8,014	1,834	178
1957-58	15,791	8,030	1,748	178
1958-59	15,170	8,128	1,605	175
1959-60	14,952	8,173	1,489	177
1960-61	14,397	8,298	1,334	176
1961-62	14,381	8,483	1,252	176
1962-63	15,847	8,642	1,377	175
1963-64	17,668	8,772	1,739	178
1964-65	19,168	8,856	2,322	176
1965-66	18,703	8,759	2,144	176
1966-67	18,250	8,964	2,037	176
1967-68	18,724	9,479	2,308	186
1968-69	21,117	9,863	2,777	192
1969-70	22,000*	10,436	2,984	192
1970-71	24,000*	10,921	3,339	212

* = Estimated

admissions may not be reversed by another Faculty body."

The Committee is now working on Admissions for 1971. Meetings began in July 1970 and will continue until May 1971. The Committee meets every Wednesday from 12:00 noon until 2:00 p.m. At the same time in another location applicants invited in for interviews are provided lunch with medical students who answer questions, talk about Jefferson and conduct a tour of the facilities. In the period 2:00 to 4:00 p.m., each member of the Committee interviews two to three individuals.

Requirements for admission into Jefferson Medical College include:

1. Four years of college work and a baccalaureate degree, preferably. Three years (ninety semester hours) are minimal.
2. Courses:
 - General Biology—2 semesters (8 credit hours)
 - General (Inorganic) Chemistry—2 semesters (8 credit hours)
 - Organic Chemistry—1 semester (4 credit hours)
 - General Physics—2 semesters (8 credit hours)
 - English Composition and Literature—2 semesters (6 credit hours)
3. Letters of recommendation, preferably from a Premedical Committee, or from the Departments of Biology, Chemistry and Physics.
4. Medical College Admission Test.
5. Age range of 19-26 preferably. Age 32 is maximum.

Applicants to Jefferson who have satisfied the requirements are considered on the basis of individual accomplishment without regard to race, color, or religion. Applications from qualified members of racial minority groups and applicants with disadvantaged backgrounds are encouraged.

An applicant to United States medical schools improves his chances for acceptance by following a well planned application strategy, taking into account those qualities of a medical school (admission requirements, size of classes, number of applicants, geographic restrictions, philosophy of education, educational opportunities, etc.) which would help indicate which medical schools would be best for him and where the competitive level would be realistic for his qualifications.

Timing in the application procedure is important. The applicant should take the Medical College Admission Test in May of his undergraduate junior year, thus providing the opportunity for repeating it

in October, if necessary. He should submit an application during the summer following his junior year and he should make certain that all application material required has been furnished, particularly transcripts and letters of recommendation.

The criteria used by the Committee on Admissions at Jefferson in selecting a class from a large applicant pool include: (1) Grades (2) Medical College Admission Test (3) Letters of recommendation (4) Personal qualities (5) Motivation (6) Geographic considerations (7) Alumni relationships (8) Extracurricular activities and part-time employment (9) Interview. Two special areas are also involved: (1) The Penn State-Jefferson Accelerated Program and (2) Minority Admissions.

grades

College grades are perhaps the best predictors of success in medical school. In addition, in the highly competitive admissions procedure it is difficult to defend the admission of a student with low or mediocre grades and the denial of a place to the student with superior grades, other factors being similar. The Committee recognizes that grading varies from college to college and even from department to department within the same institution so that grades are informally weighed in accordance with the Committee's experience and knowledge of the various colleges and departments. The Committee in looking at grades also notes whether the academic load has been light or heavy; whether the work has been in advanced courses, honors programs, or regular courses; whether grades have risen, fallen or remained at the same level year by year; whether the student is a balanced achiever; and whether grades have possibly been influenced adversely by illness, extracurricular activities, employment, commuting, personal problems, home circumstances and so forth. The Committee looks at all grades, both science and non-science, and attempts to identify patterns of strength and weakness. Grades give a great deal of information about the applicant's scholastic potential and serve as a measure of the applicant's ability and motivation to achieve. There is good reason to have a high degree of confidence in grades since repeated studies show a positive correlation between scholastic average and successful completion of medical school. (See Table 2.)

medical college admission test

This test objectively measures academic aptitude and achievement. It is divided into four parts. The Verbal Ability section measures knowledge of vocabulary, and the Quantitative Ability section, ability to apply basic mathematical principles. This first half of the

TABLE 2
Jefferson First Year Class Premedical Science Grade Averages

<i>Grade</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1970</i>
90 and Above	26%	21%	27%	35%	38%
85-89.9	19	28	25	27	58
80-84.9	46	44	43	35	4
75-79.9	9	7	5	3	0
	100%	100%	100%	100%	100%

test is an aptitude indicator. The second half indicates the applicant's achievement level. This is composed of the General Information section, which measures over-all cultural knowledge, and a Science section, which measures knowledge in physics, chemistry and biology. Scores in each of the subtests range from 200 to 800. Jefferson's mean scores are more than sixty points above the national average. (See Table 3.)

MCAT scores are supplementary to college grades in providing important information about academic aptitude and achievement. An admissions committee is more comfortable when both are of high caliber. When there is a discrepancy between grades and MCAT scores the Committee is concerned and diligently seeks answers to explain the variance. In the instance of high grades and low MCAT scores, possible explanations include: illness or emotional disturbance on the day of the test, lack of previous experience with this type of test, reading problems, disadvantaged background, low academic aptitude compensated for by long hours of study, and low standards of the college and thus inflated grades. Where MCAT scores are high and grades are low, possibilities are: too many extracurricular activities, too many hours in part-time work, questionable motivation toward medicine, sheer laziness, curriculum overloading, emotional problems, conflict with teachers and/or administration, absenteeism (illness or deliberate), and poor teachers (in individual subjects). Today, in contrast with a few years ago, MCAT scores are not confidential and each examinee re-

ceives his scores and percentile ranking, and he may without consent of a medical school retake this test.

letters of recommendation

Recommendations from a Premedical Committee or letters from departments of Biology, Chemistry and Physics are required for admission at Jefferson. Additional letters may be supplied at the discretion of the applicant. The Committee is anxious to get as much information as it can about an applicant but the latter must exercise judgment in this matter and avoid bombarding the Committee with hordes of letters so that an atmosphere of undue pressure is not created. Letters from the applicant's college provide a great deal of information about personal qualities, motivation, ability to relate to people, emotional and physical health, maturity, leadership, character and other nonintellectual characteristics. Reproduced below is a letter which has been distributed recently by the Committee to Premedical Advisors.

We are often asked by Premedical Advisors what information is most helpful to us and to the applicant in the highly competitive selection process for admission to medical school.

In an effort to provide an adequate answer to this question as it pertains to Jefferson Medical College, our Committee on Admissions formed a subcommittee to consider the matter. The

TABLE 3
Jefferson First Year Class Mean MCAT Scores

	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1970</i>
Verbal Ability	587	578	586	587	579
Quantitative Ability	620	615	627	629	628
General Information	581	586	589	588	579
Science	588	602	621	620	592
Overall Mean	594	595	606	606	595

subcommittee report as accepted by the parent committee appears below.

Our Admissions Committee at Jefferson in the past has often found that letters of recommendation simply repeat the information already available to us as to the intellectual qualifications and achievements of the student applying. We feel that we have an adequate assessment of these qualities with the records from the colleges, and the MCAT scores. It would often be much more helpful to our Committee if your letters of recommendation could keep these particular qualities that we are interested in, in mind:

Intellectual Qualities:

1. Ability to apply general information, to extend information and to handle abstract ideas.
2. Clarity of expression, both oral and written.
3. Retention of information.

Character and Personality Traits:

1. Perseverance
2. Maturity (personal adjustment)
3. Sense of responsibility
4. Honesty (integrity)
5. Self-discipline
6. Self-confidence
7. Curiosity
8. Creativity
9. Adaptability to necessary, but, perhaps, unpleasant situations.
10. Tolerance
11. Sensitivity
12. Willingness to sacrifice
13. Compassion (involved?—how?)
14. Temperance in the use of alcohol and/or drugs
15. Relationships with fellow students and faculty

Laboratory Ability:

1. Manual dexterity
2. Efficiency
3. Inventiveness

The qualities in these categories, are not necessarily listed in any order of importance, but are qualities in which we are interested in knowing about, because we feel that most of them in a positive way, are qualities that make a good doctor.

personal qualities

Personal traits are evaluated by reports from colleges, scholastic performance, application forms, autobiographical sketches, interviews, and information from Alumni and other respected members of the community. The traits mentioned in the previous letter are the ones of major importance in the opinion of the Committee. The most impressive applicant is the one with a high level of academic aptitude and achievement combined with superior personal attributes.

motivation

Motivation and personal traits are assessed in a similar manner. The Committee often expresses the regret that motivation cannot reliably be quantitated since it is considered a most important consideration in selection of a student for admission.

geographic considerations

Since Jefferson receives a substantial portion of its operating funds from the Commonwealth of Pennsylvania, preference must be given to Pennsylvania residents. For the past several years seventy percent of the first year classes at Jefferson were Pennsylvania residents. The figures for the current first year class are reproduced in Table 4.

The Pennsylvania applicant has about five times as much chance of getting into Jefferson as the out-of-state resident. From the table, twenty-six per cent of Pennsylvania applicants were offered admission, as compared with only five per cent of the out-of-state residents, a ratio of 5 to 1. An even higher ratio was observed for matriculants as a percentage of applicants: sixteen per cent for Pennsylvanians versus two per cent for out-of-staters, a ratio of 8 to 1.

A joint medical education program, administered by the Delaware Institute of Medical Education and Research, has been developed between Jefferson Medical College and the State of Delaware. The cooperating partners are: University of Delaware, Wilmington Medical Center, and Jefferson Medical College. This program provides for up to twenty places for qualified Delaware residents in Jefferson's first year class, effective in academic year 1970-71.

alumni relationships

The applications of sons and daughters of alumni receive most careful attention and consideration. These applications, identified by the placing of a blue star on the application folder, are reviewed and rereviewed. Every opportunity is given to the alumni-related applicant with acceptable qualifications to gain admission. (See Table 5.)

TABLE 4
Jefferson 1970-71 First Year Class State of Residence
Pennsylvania vs. Out-of-State

	<i>Pennsylvania Residents</i>	<i>Out-of-State Residents</i>	<i>Totals</i>
Number of Applicants	980	2359	3339
Number of Acceptances Offered	259	110	369
Acceptances Offered, as a Percentage of Applicants	26%	5%	11%
Number of Matriculants (Places in Class)	158	54	212
Matriculants, as a Percentage of Applicants	16%	2%	6%
Matriculants, as a Percentage of Acceptances Offered	61%	49%	57%
	<i>Number</i>	<i>Percentage</i>	
Total Places in Class	212	100%	
Number of Pennsylvania Resident Matriculants	158	75%	
Number of Out-of-State Resident Matriculants	54	25%	

activities and part-time employment

It is of interest to the Committee how an applicant spends his time outside classes and what impact, if any, his pursuits have on his performance level. It is hoped that he will have participated in a variety of activities to develop leadership and broaden his horizons while at the same time maintaining a substantial scholastic record. When he has spent excessive time in extracurricular activities to the detriment of his studies, his judgment and motivation are questioned. In the instance where a student has had no other recourse but to work while attending school and has not performed at the highest level scholastically, the Committee takes this into account.

interview

If the applicant survives initial screening by the Committee, including examination of grade distribution and trends, MCAT scores and letters of recommendation, he is invited for a personal interview with a member of the Committee. The interview serves several purposes: a) information about the applicant can be verified and clarified; b) the applicant can explain unique and complicated aspects of his application; c) the applicant can become better

acquainted with the medical school; d) appearance, intellect, ability to communicate, personal qualities and motivation can be assessed at first-hand.

Since there are far more acceptable applicants than places in the class, the interviews aid in deciding what applicants will be most likely to profit from Jefferson's educational program. For the class which entered in September 1970, 825 interviews were conducted.

the jefferson-penn state accelerated medical student program

In June 1963 a cooperative effort was initiated between The Jefferson Medical College of Philadelphia and The Pennsylvania State University to enable selected, highly-qualified students to earn both the B.S. and M.D. degrees in five calendar years after graduating from high school. The students spend the first five terms on the University Park Campus and then proceed to Jefferson Medical College, returning to The Pennsylvania State University for two further summer terms after the freshman and sophomore years at Jefferson. In this manner, it is possible to complete requirements for both degrees in five calendar years. (See Table 6.)

TABLE 5
Admission Activity, Alumni Sons and Daughters

	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1970</i>
Number Who Applied	52	36	36	50	56
Number Offered Acceptance	21	21	10	21	29
Acceptance Rate	40%	58%	28%	42%	52%
Number Matriculated	16	13	9	17	23

TABLE 6
Applicants, Enrollment and Successful Completion of the Accelerated Program

	<i>Penn State</i>			<i>Jefferson</i>			
	<i>Number of Applicants</i>	<i>Number Entered</i>	<i>Year Entered</i>	<i>Number Entered</i>	<i>Year Entered</i>	<i>Number Graduated</i>	<i>Year of Graduation</i>
Group 1	120	29	1963	26	1964	24	1968
Group 2	261	28	1964	26	1965	25	1969
Group 3	352	29	1965	24	1966	21	1970
Group 4	232	28	1966	23	1967	21*	1971
Group 5	138	31	1967	23	1968		1972
Group 6	177	28	1968	28	1969		1973
Group 7	128	37	1969	31	1970		1974
Group 8	104	40	1970		1971		1975

*To be graduated June 1971

The accelerated program is still under assessment and studies will continue into internships, residencies and practice. To date Penn State's and Jefferson's reactions to the program are favorable and the potential number of students to enter Jefferson has been increased to forty.

minority admissions

Strong stimuli have been generated both nationally and locally for increasing the number of black medical students. In the fall of 1968, a Philadelphia student group, The Committee for Black Admissions, was effective in focusing attention on this matter. In early 1969 the Deans of the five Philadelphia medical schools and the Osteopathic College met with The Philadelphia Commission on Higher Education and as a result a joint program of recruiting disadvantaged medical students was evolved. This program was supervised by an *ad hoc* committee and coordinated through an independent agency, the Philadelphia Center for Medical Careers, The Philadelphia Tutorial Project, the Philadelphia Commission on Higher Education, the City of Philadelphia, the Association

of American Medical Colleges and the United Health Sources. This effort will be continued in 1970-71 through a revamped agency, the Philadelphia Center for Health Careers, under the supervision of a Consortium consisting of members from the Philadelphia Commission on Higher Education, health career schools and colleges in Philadelphia, the community and students. The impact all this has had on Jefferson can be seen in Table 7.

summary

In summary, this article has attempted to review admissions at Jefferson, making comparisons with national figures, identifying the functions of the Committee on Admissions, mentioning the requirements for admission, discussing the specific criteria for admission, summarizing the Jefferson-Penn State accelerated program and reporting on minority admissions. Every decision made with regard to an applicant is made in a democratic fashion. The Committee on Admissions devotes more than 2,500 man hours a year to the important task of admitting students into Jefferson Medical College.

TABLE 7
Black Medical Students at Jefferson

	<i>1968</i>	<i>1969</i>	<i>1970</i>
Number of Black Applicants	18	104	196
Number Offered Acceptance	6	17	25
Number Matriculated	2	11	14

Physiology in Evolution

by I. Donald Snook, Jr.,
Assistant Director,
Thomas Jefferson University Hospital

**The nineteenth century saw the science of
physiology mature, with Jefferson
keeping pace**

Physiology at Jefferson underwent a metamorphosis in the nineteenth century that was due largely to influences from abroad: first from France and later from Germany.

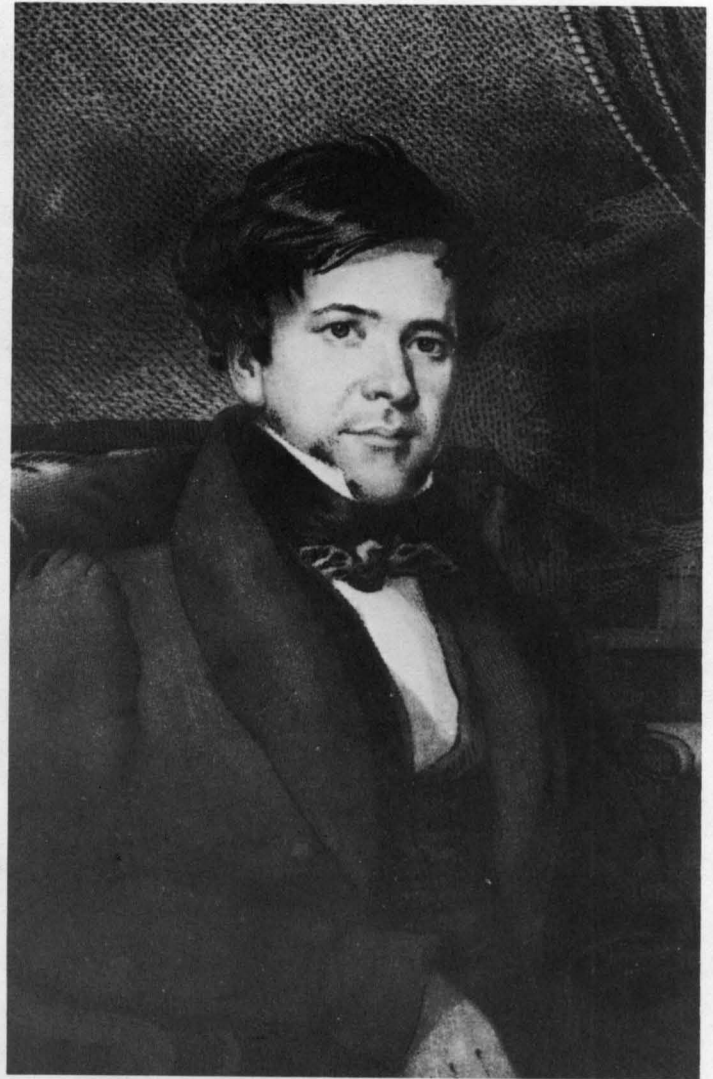
For the greater part of the nineteenth century, the profession of physiology was not practiced in America. The physiology of this period was almost exclusively restricted to that taught in the medical schools. Like many other disciplines of the period, physiology was not based on the significance of the research, but rather on the status of the researcher. In the early part of the nineteenth century, America lacked the tradition of scientific learning that fostered these illuminaries. Those American medical investigators who made major contributions, such as Dr. William Beaumont, were isolated exceptions to the rule. Medical students of the century visited the laboratories and hospitals of Europe for contact with the medical greats and the completion of their studies.

In 1824, one year before the Jefferson faculty was organized, the tickets for admission to the private medical course of Dr. George McClellan carried the description, "Lectures on Anatomy and Physiology by Geo. McClellan, M.D." Although the ticket specified "Physiology," it is very likely that the principal thrust of the course was anatomy and that the term "Physiology" was used as a catchall. The following year, when official lectures began at Jefferson, Dr. Benjamin Rush Rhees, who held the Chair of Institutes of Medicine and Medical Jurisprudence, handled the teaching of what limited physiology was taught. And physiology was only one of the many responsibilities of his department.

Early attempts at teaching physiology were continued by John Revere until 1836. Revere was the youngest son of Paul Revere of Revolutionary War fame. Prior to his being appointed Professor of the Theory and Practice of Medicine at Jefferson in 1831, John Revere had practiced in Baltimore where he became interested in chemistry. His research led him to believe he had discovered how to prevent the rusting of iron in sea water. In an attempt to interest Sir William Adams in his discovery, he traveled to Europe in 1829. Revere's efforts failed, but while in Europe, he renewed his medical studies. Upon his return he translated Magendie's physiology and wrote *An Inquiry Into the Origin and Effects of Sulphurous Fumigations in the Cure of Rheumatism, Gout, Diseases of the Skin, Palsy, Etc.* At Jefferson Revere taught pathology and clinical medicine as well as physiology. Though



Benjamin Rush Rhees, as Professor of the Institutes of Medicine and Medical Jurisprudence, taught physiology at Jefferson when the College opened.



John Revere, youngest son of Paul Revere of Revolutionary War fame, succeeded Rhees in teaching physiology, with the title, Professor of the Theory and Practice of Medicine.

both Rhees' and Revere's departments met the requirements of the early part of the century, neither was a department of physiology by European standards.

In 1830 French clinical medicine was at its zenith. Students came to Paris from all over the world to study with Pierre Louis. Many American physicians, Oliver Wendell Holmes among them, crossed the Atlantic in the century's third decade to work under this renowned physician. Later Xavier Bichat attracted Americans to Paris in large numbers. According to H. A. Kelly and W. L. Burrage's *American Medical Biographies*, nearly one hundred American physicians

studied in France during the early part of the century. Through them the procedures and ideas of the French clinical school drifted to America.

In the 1840's, Munich, Berlin and Vienna became medical meccas to equal Paris. The French and German schools represented two different approaches to physiology. Though their differences related to vitalism and the cause of motion, the primary distinction between them was that the German school based the study of physiology on the science of physics, emphasizing physical interpretation, while the French approach was qualitative. The enthusiasm for critical investigation which the French school instilled in its

students was perhaps its most significant contribution.

No man was more instrumental in developing physiology during the nineteenth century than Carl Ludwig. During his life (1816-1895), German physiology reached its high water mark. Foreign students flocked to his laboratory. Ludwig was famous for matching

Pierre Louis was a leading name in French clinical medicine during the 1830's. He attracted students from all over the world.



the problem with the student and would never force a physiological problem on a person ill prepared for it. The American physiology that emerged many years later is considered a descendant of Ludwig and the German school.

Robley Dunglison, the founder of Jefferson's Department of Physiology, is notable for his contribu-

Carl Ludwig receives much of the credit for the development of the science of physiology during the nineteenth century.



tions to American physiology. Before coming to Jefferson as Professor of the Institutes of Medicine and Medical Jurisprudence, he was already an eminent physiologist, author, teacher and lecturer. Dunglison was born in the Lake District of England in 1798. He graduated from the Royal College of Surgeons in London and received further medical training in Erlangen, Germany. At Thomas Jefferson's invitation, he came to the University of Virginia in 1824 to occupy the chair of Anatomy, Physiology, Materia Medica and Pharmacy—a chair he held for nine years. He also was Jefferson's personal physician. In 1832 his *Human Physiology* was published in Boston, having been rejected by Philadelphia publishers. The book went through eight editions and was considered a standard text for many years. Of Dunglison's book, Samuel Gross said, "What Albrecht von Haller's great work (*Elementa Physiologiae Corporis Humani*) accomplished for surgery in the eighteenth century, Dunglison accomplished for physiology in America in the nineteenth." Dunglison came to Jefferson to teach physiology in 1836. He, like von Haller, hated the sight of blood and was opposed to vivisection as practiced in pre-anesthesia days. Needless to say, he was not a strong experimenter and investigator.

Between the time Dr. William Beaumont published his book *Experiments and Observations in the Gastric Juice and the Physiology of Digestion* in 1833, and the time Henry B. Bowditch at Harvard in 1871, and Newell Martin at Johns Hopkins University in 1877, began their physiological laboratories, the name of Silas Weir Mitchell was among the most prominent in American physiology. As a physician Mitchell was known for his rest cure, and in literary circles, for his novels and poetry. He was the son of a professor at Jefferson, Dr. John Kearsley Mitchell. After graduating from Jefferson in 1850, S. W. Mitchell spent a year in Paris where he came in contact with Claude Bernard. Bernard was the founder of experimental medicine, proposed the concept of "milieu interieur," and left his mark on many branches of physiology. Mitchell was among the first in America to be affected by Bernard. When he returned from Paris in the fall of 1851, describing his experience Mitchell wrote:

I took courses designed for surgical training, but I liked better the lessons of Bernard in physiology and Robin in microscopy. I recall one remark of Bernard's. I said, 'I think so and so must be the case.' 'Why think,' he replied, 'when you can experiment. Exhaust experiment, and then think.'

One research project that he began under Bernard dealt with rattlesnake venom, and in 1860 he published on the subject. Bernard also was working on venom. In his 1859-60 class, when exhibiting two samples of poison, he reported that S. W. Mitchell of Philadelphia had defined very adequately the properties of these poisons. It was Mitchell's work on the physiology of the cerebellum that secured him a distinguished place as a scientific experimentalist. He continued these investigations between 1863 and 1869. A most competent judge of American physiologists, Dr. W. H. Howell, indicated that S. Weir Mitchell was the most significant name in physiological investigations in that period. Though Mitchell's writings secured for him a place as a great teacher, he never held an academic position for any lengthy period. When the University of Pennsylvania elected him to professor in the medical department, he immediately declined. It was principally because of Mitchell's professional influence that other young doctors in Philadelphia became interested in physiology.

Another significant contributor to American physiology was Austin Flint, Jr. Following his graduation from Jefferson in 1857, he was appointed Professor of Physiology at the Medical School of Buffalo. In 1859 he relocated and became Professor of Physiology in the New Orleans School of Medicine. While in New Orleans he experimented on alligators and developed some important points with reference to the influence of pneumogastric nerves upon the heart. At the outbreak of the Civil War he resigned from New Orleans, and in the spring of 1861 went to Europe and studied several months with Charles Robin and Claude Bernard. Flint was one of the founders of the Bellevue

Hospital Medical College in New York City and for many years was its Professor of Physiology. In 1866 he published the first volume of his *Physiology of Man*, a work of five volumes of five hundred pages each. The last volume was published in 1874.

Jefferson's first Professor of Physiology, Robley Dunglison, resigned in 1869 and was followed by

James A. Meigs. Meigs was a Philadelphia native who graduated from Jefferson in 1851. His medical school thesis had the strange title, "The Hygiene and Therapeutics of Temperament." As his predecessor, Dunglison, had done, Meigs confined his teaching to physiology; but unlike his predecessor, Meigs taught physiology largely based on vivisection. During Meigs'

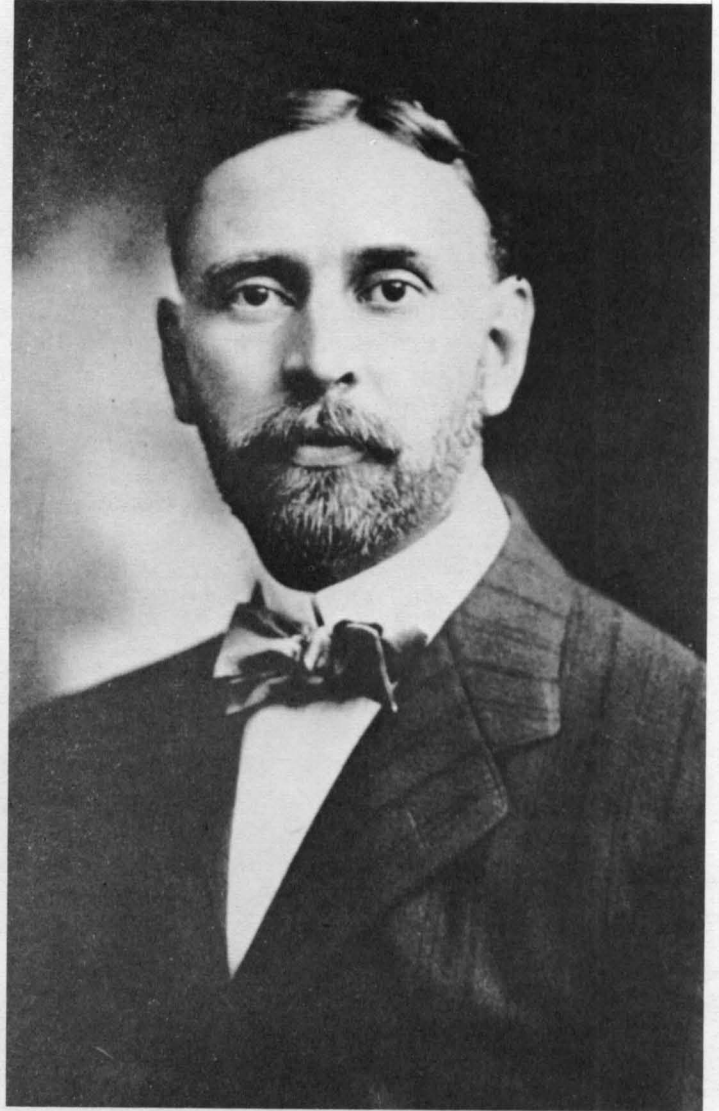
Claude Bernard (third from right) in his Paris laboratory. Silas Weir Mitchell, Jefferson 1850, studied under Bernard, who is regarded as the founder of experimental medicine. Reproduced is a painting by Leon-Augustin Lhermitte. It hangs in the Sorbonne in Paris.



time anesthesia was available, allowing further advancement through vivisection without suffering to the animals. Prior to joining the Jefferson faculty, Meigs was assistant to the professor holding the chair of physiology at Pennsylvania Medical College and later, lecturer on climatology and physiology at the Franklin Institute. Meigs enjoyed anthropology and ethnology, and his papers on anthropology are among his best. For almost twenty-five years he was also one of the leading figures at the Academy of Natural Sciences in Philadelphia.

Dr. Henry C. Chapman was appointed to the physiology professorship at Jefferson following Meigs' death in 1879. Chapman had studied abroad with Sir Richard Owen in London, A. M. Edward in Paris, Emile du Bois-Reymond in Berlin and Joseph Hyrtl in Vienna. After receiving his diploma from Jefferson in 1877, Chapman was appointed Lecturer on the Physiology of the Nervous System. He also was elected Professor of Physiology at the Pennsylvania College of Dental Surgery that same year, a position he held until 1885. He had previously received an M. D. degree in 1867 from the University of Pennsylvania. From 1877 to 1879 Chapman was associated with Meigs and for the following year, he was Curator of the College Museum at Jefferson. When Chapman assumed the physiology chair in 1879, mechanical apparatus for experimentation was coming into vogue and Chapman gave up much of his vivisection pedagogy in favor of this more modern approach.

During Chapman's incumbency the Jefferson physiology laboratory was modernized and better equipped. In 1899 Chapman traveled to Europe and the British Isles in the interest of studying design and equipment for Jefferson's new physiological laboratory. On his schedule were visits with several leading scientists including Professor A. M. Edward in Paris and Sir Michael Foster in Cambridge, England. While abroad, he purchased some of the apparatus for the laboratory which was under construction. The understanding, appreciation and need for serious physiological experimentation had grown by the late stages of the century, and in 1887, Henry C. Chapman stated his view on physiology in his text, *Treatise on Human Physiology*:



Austin Flint, an 1857 Jefferson graduate, was a founder of Bellevue Hospital Medical College, New York City, and was Professor of Physiology there.

Notwithstanding the importance of a knowledge of general physics and chemistry, anatomy, embryology, and pathology in the study of the functions of the human body, nevertheless, the study of human physiology is often almost entirely based on experiments made upon living animals; the study of the circulation and respiration by means of the graphic method, the making of gastric fistulae, the introduction into the system of an animal of various substances, toxic and narcotic, the removal of various parts of the nerv-

ous system are examples of the kind of work often exclusively done in physiological laboratories.

It was about this time in the nineteenth century that the American medical schools began to provide physiological laboratories for the investigations to which Chapman referred. Also, the American Physiological Society was formed in 1887 for the purpose of discussing original investigations and current research. It is the prototype of other societies and the owner and manager of two journals. Of the original members, three had relationships with Jefferson: S. W. Mitchell, who conceived the idea of forming the Society, H. C. Chapman and Hobart A. Hare. Hare became Professor of Therapeutics and Materia Medica at Jefferson in 1891. Earlier, in 1884, he studied abroad with Ludwig. The Society's first annual meeting was held at Jefferson on December 29, 1888.

In 1899 Jefferson opened its new student laboratory of physiology, which had been equipped as a gift from a member of the Board of Trustees, Mr. Louis C. Vanuxem. The laboratory was eight months in construction. The medical school catalog carried the following description of the laboratory apparatus:

The outfit includes appropriate apparatus for the study of fundamental facts in physiological chemistry; apparatus for the study of the physiological mechanism of the heart, nerves, muscles, spinal cord, etc. The equipment is such that sections of fifty students can work at the same time, each student being provided with all necessary apparatus e.g. kymograph, induction coil, keys moist chamber, electrodes, rheocord, commutators, time markers, levers, test solutions, etc. In the course of two years the student will perform a large number of the cardinal experiments in physiology . . .

Prior to the opening of the new laboratory, the undergraduate students of physiology definitely had to



Henry C. Chapman was Professor of Physiology at Jefferson when the physiology laboratory was modernized in 1899.

take much for granted since the space for experiments was so limited. With the opening of the laboratory, conditions changed and the February 1900 issue of the *Jeffersonian*, the undergraduate publication begun in 1899 and continued until 1916, reported that "the new physiological laboratory of the Jefferson Medical College stands second to none . . ." It wasn't only Jefferson that thought so highly of its physiology department, however. Abraham Flexner, in his *Medical Education in the United States and Canada, A Report to the Carnegie Foundation for the Advancement of Teaching*, published in 1910, cited it as being in the company of "a very small minority of notable exceptions among medical schools."

Student Government

by Ronald Grossman '71, President, Student Council

Jefferson students organize a representative student government

Reform is slow in coming to any governmental organization—and it was no different for student government at Jefferson. But reform has been effected, and Jefferson has elected its first Student Council that is truly representative of the student body.

Seeds of change, sown with the opening of Jefferson Hall Commons in the fall of 1969, were harvested at the end of that same school year when the old Student Council, in effect, voted itself out of existence. It adopted a new constitution that provided for nearly all Council members to be elected at large from the four classes. The first Council elected under the new constitution took office in January of 1970 and serves until the end of the year. The major reform embodied in the new constitution is the provision for at-large elections. This was the issue that caused most of the debate and opposition prior to adoption of the reform document in May of 1969. Under the old rules, a majority of Student Council representatives were elected by six medical fraternities. Other members represented the various traditional extracurricular activities, which also tended to reflect fraternity viewpoints. The Council was, in a word, controlled by the fraternities, with only minor representation for the student body at large.

This system served Jefferson well over the years, for the fraternities were the only organized avenue for student participation. They provided the only truly cohesive organizational structure for students outside of the classroom. There was no student commons or any other physical facility provided for student activities. Student Council meetings took place in the cramped student lounge in the College building, which also served as lunch room and study room. The fraternities conducted active social and athletic programs and their members made up the bulk of those students participating in the traditional extracurricular organizations.

The opening of Jefferson Hall profoundly changed the old system. The fraternities remained an important force in the institution, but there was now a central, modern, well-equipped facility provided by the College for student activities. There were study



Ronald D. Grossman, President of the Student Council, welcomes the class of 1974 (opposite) to orientation activities. Council sponsors the week of group discussions, lectures by faculty and administration, and coffee hours which introduce freshmen to Jefferson.



lounges, music rooms, billiards, swimming, basketball and squash facilities, a comfortable cafeteria and offices for student activities. The Commons provided a site for parties, dinners, dances and films. In essence, the Commons brought a university atmosphere to Jefferson for the first time. It encouraged cohesiveness and camaraderie among the students. Those outside the fraternity structure were encouraged to participate in school activities.

This phenomenon was accompanied by another major factor that called out for revising the system of student government. Just as at other institutions across the nation, Jefferson was witnessing the decline of traditional organized student activities and the rise of new and largely unstructured groups. Since these groups apparently did not wish to organize in the time-honored way and select Student Council representatives, their voices were unheard within the student government. This was not distressing to them, for they willingly rejected the system then in effect. This meant that some segments of the student body were overwhelmingly represented in Student Council deliberations, while other segments were largely ignored. For example, a fraternity member who was active in one or more of the traditional organizations could press his opinions through all of these avenues, whereas the remainder of his class had only their officers to represent them. This is an academic example of the type of nonrepresentative government that led to the Supreme Court's "one-man, one-vote" ruling.

Many Student Council members were aware of this disproportionate representation. Their doubts were spurred by an increased interest in school activities in the class at large. The problem was the forging of an effective reform document. Special interests had to be won over, just as in any governmental maneuver. The fraternities, naturally, were unwilling to give up their domination of Council. Their position was understandable. While Jefferson Hall was being built, they had pondered with uncertainty the effects it would have on their membership. Then, when ground was broken for the Orlowitz Residence Hall, they feared further ero-

sion of their attractiveness as the traditional residences of several hundred students. Now, both threats had materialized and fraternity men were still uncertain of the long-term effects. Gradually, however, the fraternities learned to live with Jefferson Hall—and actually became the most frequent users of its facilities. It also became clear that the capacity of Orlowitz Hall was limited and a market for inexpensive housing offered by the fraternities would remain. Tensions relaxed and Student Council members began working on a reform constitution.

The new document was adopted at a stormy meeting in May of 1969—the last of that school year—and went into effect in January of 1970. Its adoption was accompanied by the expected parliamentary maneuvering and debate, with the crucial vote taken on the issue of voting membership. This was the crux of reform. Who should be allowed to vote? It was generally agreed that representation of the classes at large should be expanded. Council eventually decided to allow each class five elected representatives, including the Class President, Vice President and three other representatives. Other voting members would include the officers of Council, President, Vice President, Secretary and Treasurer. These officers were to be elected by the Council, though not necessarily from among its members. The election of one of its representatives as a Council officer would allow that class to elect another representative. Then there was the question of fraternity representation. This issue continued to be debated down to the wire. One proposal was adopted, only to be recalled. There was an eloquent plea for restricted fraternity representation by Terence Starz, president of the newly organized Interfraternity Council. He stressed that if his organization were to function as its organizers had envisioned, it should represent the fraternity viewpoint—that there should not be individual representation of the six houses. This apparently was enough to carry the issue, and the Council approved a proposal that voting members include "two representatives of the fraternities at large to be chosen by the fraternities." It was probably the most important moment in the evolution of student



The class of 1974 takes on Jefferson identity—the name badge.



From left, Glenn C. Nye, Vice President of Student Council and Chairman of the orientation committee, Dr. William F. Kellow, Dean, and Ronald Grossman, discuss some points of the first orientation week activity.

government at Jefferson—a Council dominated by fraternity members had voted to abolish almost all fraternity representation. It was akin to a state legislator's voting to abolish his seat. It also cleared the way for an amicable adoption of the rest of the proposed constitution and election of the present Council.

The furor over voting members served to obscure the increasingly important role to be played in Council activities by those designated non-voting members in the new constitution. These included, in addition to representatives of each campus organization (including fraternities), "the chairman or a representative of each Council committee and each College committee on which students sit." During the current Council session, it has been the reports and recommendations of these non-voting members that have made up the bulk of Council business and brought about most of the debate. An example is the Council Curriculum Committee, which had two representatives on the College Curriculum Committee. At each Council meeting this committee reported both on its activities and those of the College committee. This served a valuable dual

purpose: it kept the student body informed—through Council—of curriculum reforms being considered by the College, and it kept the faculty informed of student suggestions and criticisms. Student members sat last year on five faculty committees, in addition to the Curriculum Committee. These included the all-important Admissions Committee, where student members had the same voting rights as faculty members. The four other College committees with student members last year included those concerned with Academic Protocol, Alumni and Public Affairs, Student Affairs and Supporting Facilities. Student membership, in at least one instance, served to reveal the deficiencies of a College Committee. This was the Committee on Alumni and Public Affairs, which apparently found itself as an organization with little or nothing to do, since the Alumni Association is such an efficient self-governing group. At any rate, the student representatives to this committee reported back to Council repeatedly on the lack of activity. This information was then conveyed to the administration through Council's usual channels of communication. While no changes in

the committee's activities are evident yet, student representatives have been assured that the role of the group will be changed next year to make it more meaningful. This is an example of where student participation in an administrative body can lead to consideration of the ultimate question: is this group really necessary?

While such student participation was begun timidly, with both student and faculty members feeling their way, it can now be pronounced an overwhelming success, according to the student representatives. After only one year of sitting on faculty committees, the students reported that they had been accepted as valuable members whose judgment was respected. This led to a proposal that selection of student members be organized in a more uniform fashion. This involved a resolution by Council to the administration that the by-laws of the College be changed to allow three students to sit on each College Committee. Council's rationale for this request was that it would allow a member of the sophomore, junior and senior classes to sit on each committee. Appointments would be made at the end of a student's freshman year and the appointee would serve until his graduation. This would provide for continuity of membership and eliminate the need for annual selection panels. The suggestion has been greeted enthusiastically by the administration and is well on its way, Council has been told, to ultimate approval by the Board of Trustees.

The groundwork for student participation in administrative deliberations had been laid before the emergence of the new Council—and probably could have been carried on effectively under the old system. However, the old Council had lost much of its stature as the supervisor of all student activities. Assurance that this position had been regained under the new constitution came early, when Council was asked to take over the newly organized student note service. This was a challenge to Council's prestige, authority and ability to function. The problems were many. First, and not the least of the worries, was hostility from some segments of the faculty. Several instructors voiced the opinion that if notes of all lectures

were published and distributed to students, attendance at formal lectures would evaporate. Some students answered that a good lecturer could expect to find a large audience and a poor one an empty classroom. This did little to further understanding. Since the note service had begun on an unofficial basis in the junior class, the student who established it felt he could operate more effectively with the official sanction of Council. Besides, interest in similar services was emerging in the sophomore and freshman classes. It was apparent that the students wanted this service. Council had to act or return to its old posture of ineffectiveness.

The initial Council action was a prudent one—endorsement of the principle of a note service. Then Council investigated the feasibility of operating the note service itself, and at the same time worked to foster a climate of understanding between students and protesting faculty members. While it was not totally successful in the last pursuit, tensions eased measurably when it became clear the note service was "here to stay." A majority of instructors apparently decided to cooperate. Freed of the burden of transcribing reams of notes, many students claimed they were more relaxed during lectures and were getting more out of them. Other students said the note services freed them of the obligation of attending lectures and allowed them to learn at their own pace. The debate over the good and evil of smaller audiences for lectures continued, but was virtually silenced when the Curriculum Committee voted to abolish most of the formal lectures during the junior year.

As this situation was evolving, Council was hammering out a workable solution for operation of the note services, which by this time were operating in all three classes. The solution agreed upon called for Council purchase and ownership of a duplicating machine, which would be rented at fixed rates by the operators of the note services in the three classes. Council agreed not to interfere in the daily operations of the services, but retained ultimate authority. Council also granted the note services the right to base their operations in the student activities office in Jefferson Hall.



Waiting for the week's first session . . .



and checking on what follows.



Some uncertainty at the outset.

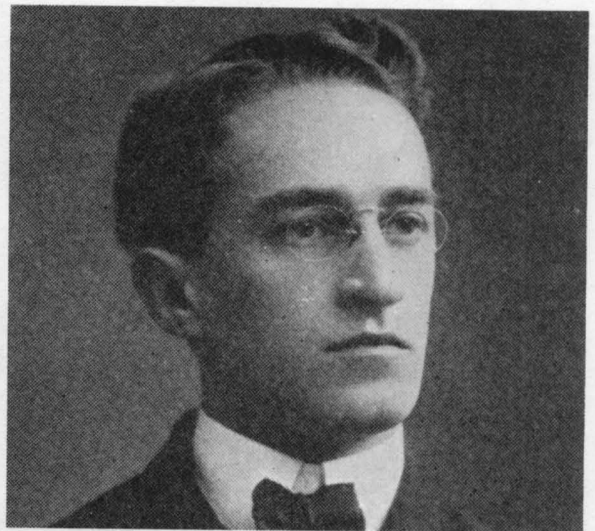
Perhaps the most characteristic—and most encouraging—aspect of the parliamentary march toward a solution to this problem was its efficiency. Council debates were marked by a notable lack of acrimony. Discussion was mostly to the point and the recommendations helpful. This, more than any other change, served to set off the new Council from the old. The reason for the efficiency of the new council is not readily apparent. Many of the same people serve—though they represent a broader base of constituents now. The procedures and rules of order are virtually the same. Certainly, the statutory powers of the organization remain those granted by the institution. Then, what is the difference?

It appears to be mainly one of spirit, a feeling that the new Council is participating meaningfully in shaping the overall educational experience at Jefferson. The challenge for the future is to insure that this reformation in spirit becomes reform in substance. Curriculum modernization, student participation in administrative deliberations, the note services and an active social and recreational program conducted in the Student Commons are all important steps toward this goal. Equally important is the respect shown for Council by the administration and Board of Trustees. During the last school year, members of Council met, on separate occasions, with Dean William F. Kellow, M.D., and most of the trustees. These sessions proved particularly worthwhile in helping Council to understand the administration's viewpoint on problems vexing to students. Dean Kellow's explanation of the need of a tuition increase proved a revelation to many of us. The fact that the Board of Trustees was already working on most of the issues raised by Council members was also gratifying. Though these sessions are informal, their effects continue to be felt at future business meetings of Council.

The hope for the future is that the current enthusiasm shown by Council will continue to be encouraged and welcomed by both the administration and student body at large. If it is, reform in substance will inevitably emerge.

Alumni Achievement Award:

Alexander
Orenstein



Alexander J. Orenstein in the 1905 Clinic year-book, of which he was Editor.

cal school. The guest of honor was perhaps South Africa's most distinguished physician, whose career there has so greatly influenced the health of South Africa's mine workers.

Alexander Orenstein's career started in the Panama Canal Zone after graduation from Jefferson in 1905. It was his first taste of the tropics—one that has lingered for a lifetime. His work with William C. Gorgas, Chief Sanitary Officer in the Panama Canal Zone, interested him in public health, and introduced him to what was then the Dark Continent, Africa, where his life's work was to be centered. The neglected health of the mine workers has consumed his time and abundant energy since then. Orenstein became Chief Medical Officer of Rand Mines, a gold mining group, in 1914. Orenstein's organization and administration of the medical care in the mining industry is considered one of the most extraordinary

Alexander Orenstein, straight and steady at age ninety-one, stood to receive the applause of one hundred and fifty guests and a silver tray inscribed to the recipient of Jefferson Medical College's Alumni Achievement Award.

The scene most often occurs when the guests are alumni of Jefferson at the annual banquet or business meeting, and the place is usually on or near the Jefferson campus. But Alexander Orenstein's setting was different, as it has been most of his life. South Africa was the place, and the occasion was the Golden Jubilee of the Association of Scientific and Technologic Societies of South Africa, of which Dr. Orenstein is the only surviving founder member. The evening's speakers were as eminent as the honored. Among them, the President of the Republic of South Africa and the Principal of the Witwatersrand University, where Dr. Orenstein was instrumental in founding a medi-

achievements in industrial medicine. His study of pneumoconiosis has been acclaimed by the world. The South African government has repeatedly appointed him to pneumoconiosis committees and he was the first director of pneumoconiosis research for the South African Council for Scientific and Industrial Research and the Chamber of Mines of South Africa. The Alexander J. Orenstein Library of the Pneumoconiosis Research Institute is another testimony to the opinion that South Africans have of Dr. Orenstein's place in the medical profession, as is the African Mine Workers Hospital named for him. His concern for the continuing progress of medical care in South Africa led him to take an active role in starting the University of Witwatersrand Medical School. The school later conferred on him the honorary degree Doctor of Laws and has established an annual lectureship in his name.



Dr. Orenstein served in South Africa during both wars.

The esteem in which Dr. Orenstein is held by his profession is reflected in the numerous awards and honors that have come his way. He is an Honorary Fellow of the Royal Society of Tropical Medicine, in whose ranks Laveran, Koch, Gorgas and Schweitzer are numbered. He is also an Honorary Fellow of the Royal Society of Medicine, a past President and honorary Vice President of the Medical Association of South Africa, the Gold Medal of the Institution of Mining and Metallurgy, the only one ever awarded to a physician, and the Gold Medal of the Mine Medical Officers Association of South Africa the first ever awarded, and the Bernard Nocht Medal of the Hamburg Institute for Tropical Medicine.

The success of Orenstein's association with the Rand Mines would be enough to make his name illustrious. But the fact is that his career with the military was equally outstanding. He is the only physician

to reach the rank of Major General in South Africa. A captain and then a colonel in World War I, Orenstein served in the South African Military Corps as Acting Director of Medical Services. When recalled from reserve in 1939, he was appointed Director of Medical Services for East Africa, then Director of Medical Services in the Middle East, and finally Director General of Medical Services for the Union of South Africa Defense Forces. Orenstein exhibited uncommon skills in the East African campaign. The heat of the locale and roughness of the terrain had caused foreign troops to suffer excessively high sick rates during World War I, and led military officers to report that East Africa was unsuitable for other than native troops. Yet the East Africa campaign of World War II, involving British, Colonial and South African units, sustained very low incidence of sickness both in the foreign and native personnel. The



Dr. Orenstein receives the Alumni Achievement Award at special dinner in South Africa.

credit in large measure went to "the great experience and practical knowledge of Brigadier A. J. Orenstein," the first campaign report commented. His decorations include the Most Excellent Order of the British Empire, the Most Honorable Order of the Bath, and His Majesty's Commendation.

Alexander Orenstein's honors are so numerous by now, one wonders if their impact has begun to ebb. The answer came in a letter from Dr. Orenstein, directed to the Alumni Association of Jefferson Medical College. "At this opportunity, which may not occur again, may I put on record my sincere gratitude for what Jefferson has done for me as a student, as an alumnus. My alma mater has honored me beyond my deserts. May She grow and prosper in the service of Man and in the spread of knowledge and wisdom."

Who has honored whom?

profile:

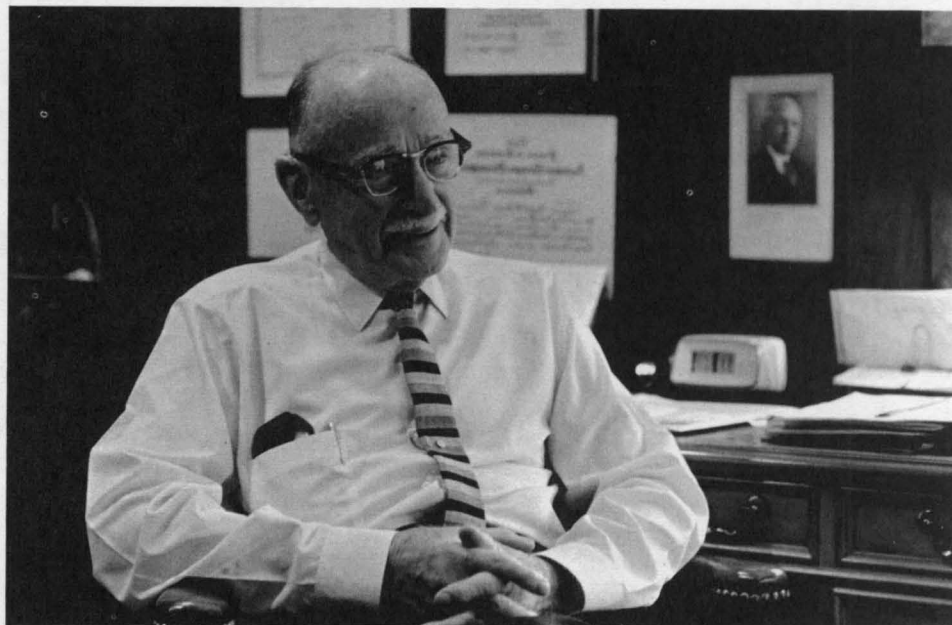
David
M.
Davis,
M.D.

David M. Davis, his arms folded, leaned against the bookcase wall and took a look around the room. It is a special room in his life, and in a sense, his life is in that room.

That study in his Bryn Mawr home holds the professional years of David M. Davis' life in reflective highpoints, in mementos like the Edward L. Keyes Gold Medal of the American Association of Genito-Urinary Surgeons, the Hugh Hampton Young Award, and the Silver Plaque of the Mid Atlantic Section of the American Urological Association. The years of study and research that went behind these achievements are there too, in the volumes of medical literature which span one wall, and in the index of his 139 publications. The important influences of those years are there, represented by photographs of teachers and colleagues like William H. Welch, William Osler, Harvey Cushing, Hugh Young, Edward Keyes. Opposite that gallery is a record of Davis' interest in the history of war. Among his hundreds of books on the subject is the 103 year old copy of *History of the Civil War in America*, which introduced him to the subject in his childhood.

And much of the story of David M. Davis is at Jefferson Medical College. Dr. Davis came to Jefferson in 1935 as Professor of Genito-Urinary Surgery and Head of the Department. He had graduated from Johns Hopkins in 1911, Phi Beta Kappa and Alpha Omega Alpha. After internship, he took a position at Hopkins as an Assistant in Pathology. Two years later he became Director of Research and Pathologist at Hopkins' Brady Urological Institutes. In 1920 Dr. Davis decided it was time to pursue clinical medicine, if he was ever to do so. So he took a residency in urology and after that continued on the Brady staff until 1930, with a four year interim as Assistant Professor of Surgery in charge of urology at the University of Rochester. When the depression set in, Dr. Davis took to Arizona and a private practice. The offer from Jefferson brought him back to teaching, one of his greatest enjoyments. He later became Nathan Lewis Hatfield Professor of Urology.

Urology at Jefferson has come a long way from those early years, Dr. Davis comments. One significant event he recalls is the establishment of the urology residency,



and another, the difficulties with research. "There was no departmental budget, so what little research we could do depended on the generosity of patients and other friends." Equally vivid in Dr. Davis' memory is the appointment of a female head nurse in the urology ward—unheard of before. Dr. Davis did battle against some heavy opposition for that one, but he won. "And she was excellent." Under her influence, the rather poorly maintained urology ward was whipped into shape in no time.

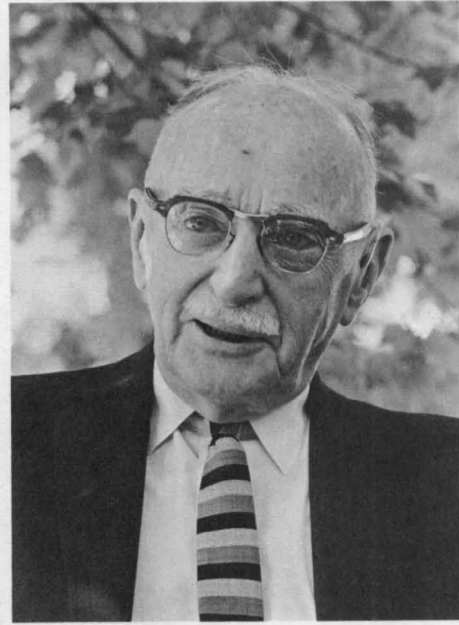
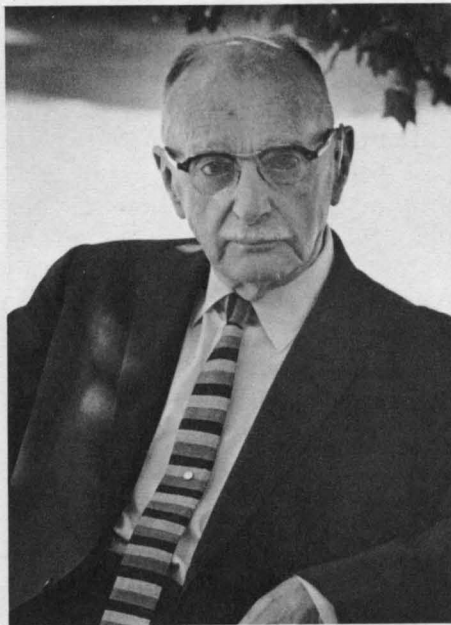
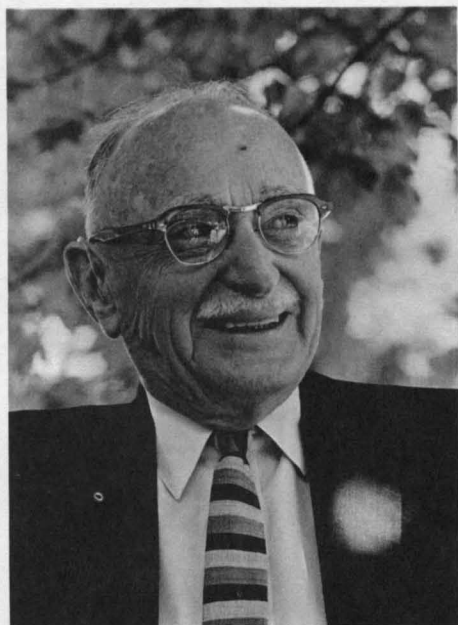
One can see in the man the energy and determination with which he must have pursued his profession and with which he still pursues his life. His most recent interest has been urodynamics. "Do you know what urodynamics is?" A negative reply to his question brings an exclamation: "Oh, it's an extremely fascinating thing!", and an explanation. It might be this fascination with his subject which has made his teaching so proficient. "I never cared much for the lecture method of teaching, and I did away with it in the senior class." Instead, Dr. Davis held quiz sessions—where the students quizzed the teacher. "The real joy

comes in teaching those who want to learn," he points out. "And to accelerate that process, you have to assure that the person who is learning respects his teacher. Second, one must be sure that the student is learning what he needs to know." Which, Dr. Davis emphasizes, the teacher is better able to judge than is the student. He believes that the concentration in medical education should be on lab sessions, sessions with patients and ward rounds. Curricula should be structured to minimize the students' reliance on text books. Book learning encourages memorization—"and that doesn't last unless you have something to hang it on to," he feels.

At eighty-four Dr. Davis still finds that the days aren't long enough to do all he wants to do. Twice a week he comes to Jefferson for renal conferences. Until recently he drove, but has been forced to quit because of failing eyesight. He is quite petulant under that restriction. "After all, I have been driving since 1904, and I think I can justly say I miss it." Dr. and Mrs. Davis do extensive traveling, and have three vacation trips behind them already this

year. From a small notebook Dr. Davis can read to you the statistics on where he has traveled, when and how. The first time was in 1914, when he spent the summer in Munich studying organic chemistry. While he was there the war started. That wasn't where his interest in the history of war began, however. That might have roots in the fact that his father fought Indians and became somewhat of a historian, writing a chapter of a volume on North American conflicts. Dr. Davis' study of conflict and experience in World War I leave him with the opinion that war is an inevitable component of human life, and those who say "I hate war" might as well say "I hate multiple sclerosis."

Dr. Davis started from his study for the yellow and green of the noon outdoors. From his patio a hill reclines into a stream. Dr. and Mrs. Davis built the house twelve years ago, anticipating the possibility of Dr. Davis' use of a wheelchair with the inclusion of five ground level doors in the design. Articulate, sharp witted, courtly, incredibly vigorous, David M. Davis' need for a wheelchair couldn't seem more remote.



the jefferson scene

William W. Bodine has been elected Chairman of the Board of Trustees of Thomas Jefferson University. When he retired as Jefferson's President four years ago, Mr. Bodine had planned and led the raising of funds from private and public sources for a forty million dollar expansion and development program. He has continued his interest in Jefferson as a life trustee.

Taking on his new role as Chairman of the Board, Mr. Bodine's goals include growth in several areas: in Jefferson's commitment to the community, in the size of its student body, in the strength of its internal structure through improved communication, in its physical facilities, and of course in its need for financial resources.

Mr. Bodine sees the enlargement of the student body as essential to maintaining the leadership which has been achieved by Jefferson faculty and alumni. "We have to accept our share of the national needs and hopefully, a little more." Concomitant with this is the expansion of the faculty and physical plant. The latter will be dramatic even in light of the building program of recent years, Mr. Bodine predicts. Priority appears to be new clinical teaching facilities. The Master Planning Committee has been studying the feasibility of such facilities expansion and is soliciting advice from the most knowledgeable sources. The Committee is composed of students, faculty, alumni and administration with Vice Chairman of the Board Frederic L. Ballard as Chairman. Mr. Bo-

dine's organizational abilities have been at work already in the creation of a Resources Planning Committee, whose function is to find the funds required to implement the development suggested by the Master Planning Committee. This function has arisen as a more crucial need since Jefferson "has virtually no more unrestricted endowment funds," says Mr. Bodine. Financing for new buildings must now be from public and private sources. As well as counting on alumni financial support, Mr. Bodine feels it is no less important that alumni bring to bear what influence they can on public officials. Any new construction will be carefully studied before being undertaken, Mr. Bodine assures, to be certain that these buildings can be maintained once they are erected. "There are institutions that have had the tragic experience of building new classrooms, dorms and laboratories which they can't afford to effectively utilize once they are up."

Jefferson's involvement with the community has yet to reach the levels which Mr. Bodine feels it should assume. He sees Jefferson as attaining the leadership in providing health services to the surrounding community. Plans are now being evolved with this goal in mind. "This is the time and the place for some dramatic changes. A lot of faculty members share this feeling — and are willing to do something about it. It would be tragic if we missed the opportunity," Mr. Bodine emphasizes. This is one of the things that Jefferson can do to attract foundation support and distinguish itself from the rest of the medical institutions in the country which are going to the very same foundations for funds.



Mr. Bodine

At the base of the growth which Jefferson is to experience is what Mr. Bodine feels to be the crucial ingredient in all successful organizational operation — communication. "At all levels, among students, faculty, administration, the Board and the community, we have a long way to go. The flow of communication becomes more important particularly as the organization expands to reach the goals of the University." Steps in this direction are the inclusion of students on many committees of the Executive Council, as well as the Master Planning Committee. "And we are going to do a better job of soliciting the advice and opinion of young alumni in developing plans for the future of Jefferson. Maybe one of our alumni trustees should be an intern or resident who is able to bring us a different point of view."

In addition to his chairmanship at Jefferson, Mr. Bodine is President of the World Affairs Council. He is one of the most active civic leaders in Philadelphia and is a participant on numerous educational, civic and philanthropic boards.

AOA lectureship

Jefferson was the site for a visiting lectureship this year, sponsored by the National Chapter of the Alpha Omega Alpha Honor Medical Society. The lectureships are granted annually to a few medical schools which meet certain criteria. Jefferson was honored this year primarily because the College was celebrating a special occasion: the centennial of the Alumni Association.

The Alpha Omega Alpha chapter at Jefferson selected Dr. John Sinclair, Professor of Pediatrics at McMaster University, Ontario, Canada, as guest. Until this recent move, Dr. Sinclair was Associate Professor of Pediatrics at College of Physicians and Surgeons of Columbia University, where he was Director of Nurseries. Dr. Sinclair is a native of Canada. He chose the topic, "Metabolic Rate and Temperature Control in the Newborn Baby," as subject of his principal address at Jefferson, which was delivered on Wednesday, October 14. From the time of his arrival on October 12, Dr. Sinclair kept busy with lectures, conferences and grand rounds.

Dr. Sinclair is a Fellow of the American Academy of Pediatrics, a member of the Harvey Society, the Society for Pediatric Research and the Neonatal Society. He has served on the Committee on Standards for Intensive Care Unit Nurseries, appointed by the New York City Health Department, and the Advisory Committee on Retrolental Fibroplasia of the National Society for the Prevention of Blindness. He has published nearly thirty works on his specialty.

merck award

Another contribution of two thousand dollars has been received from Merck Sharp and Dohme for the support of Jefferson's Continuing Education Program. This makes a total of \$87,000 received from Merck Sharp and Dohme since 1961 for Jefferson's efforts in this program.

norwood promoted

George M. Norwood, Jr., has been appointed to the newly created office of Vice President for Planning. Mr. Norwood has served as Vice President and Treasurer at Jefferson since 1965 after coming here from the University of North Carolina where he was business officer for the Division of Health Affairs. He also has been a member of the Committee on Planning and Financing of the American Hospital Association and has worked as consultant to the Association of Schools of Public Health and to the Dental Manpower and Education Branch of the U.S. Public Health Service. Mr. Norwood is presently Chairman-Elect of the Business Officers' Section of the American Association of Medical Colleges.

pain clinic

Jefferson has inaugurated a Pain Clinic which will use a team approach involving physicians of many specialties to treat patients suffering from baffling or overwhelming pain. Recognizing the problem posed by chronic pain of this nature which costs the economy billions of dollars every year in lost work time, the U. S. Department of Health, Education and Welfare has long advocated the development of treatment centers like the Pain Clinic. Dr. J. Eugene Ruben, who organized this clinic while a member of the Department of Anesthesiology, summed up its aims: "... Getting people functional again, within the limits of their disease, by controlling the

symptom of pain. Looking at it another way, you could say that the patients referred to us are ones in whom pain is so troublesome that it is almost the disease itself." The Pain Clinic also provides physicians with a valuable opportunity to learn about the management of pain problems which will become more frequent as the average age of the population increases.

Having begun this new facet of patient care at Jefferson, Dr. Ruben recently moved from the Philadelphia area. Dr. James C. Erickson, Professor of Anesthesiology, who will continue the development of the Pain Control Service, credited Dr. Ruben with being one of the most knowledgeable practitioners of this phase of medicine and a pioneer in organizing pain clinics. Dr. Erickson comes to Jefferson from Woman's Medical College, where he was Professor of Anesthesiology and Head of that division.

opening session

Jefferson Medical College opened its 147th session on September 14, 1970. Among the newly matriculated students were not only 212 medical students, but students enrolled in the College of Graduate Studies and in the College of Allied Health Sciences. It was the second year for the opening session of Thomas Jefferson University. Speaking for the University was Dr. Peter A. Herbut, President; for the College, Dr. William F. Kellow, Dean; for the College of Graduate Studies, Dr. Robert C. Baldrige, Dean; and for the College of Allied Health Sciences, Dr. John W. Goldschmidt. Awards and prizes

were distributed by Chairman of the Board, William W. Bodine.

Dr. Robert I. Wise, Magee Professor of Medicine and Chairman of the Department, delivered the main address.

Following the evening ceremonies, guests were invited to cross the street for a reception under the porticos of the new Scott Library and Administration Building.

jeffersonians honored by national society

Nine seniors have been elected to Alpha Omega Alpha, the national medical honor fraternity: James E. Barone, Virginia S. Brodhead, Terrence S. Carden, Carol A. Dolinskas, Jack M. Guralnik, David W. Jones, Francis X. McBrearty, Augustin J. Schwartz, and Margaret Shepp. Charles Fineberg, M.D., Clinical Associate Professor of Surgery, has been elected to honorary membership in the society.

children's director

Dr. Herbert C. Mansmann, Jr. '51, has been appointed Medical Director of the Children's Heart Hospital, which became associated with Thomas Jefferson University Hospital last March.

Dr. Mansmann is Professor of Pediatrics and Associate Professor of Medicine at the Jefferson Medical College. He is also Director of the Immunological Allergy Research Division of the Medical College and Director of the Pediatric Allergy Clinic at Thomas Jefferson University Hospital. Dr. Mansmann is a past President of the Pennsylvania Allergy Association.



Dr. Mansmann

He is well known for his clinical and research work in pediatric allergy and immunology.

sheard-sanford winners

William Clark Lambert, M.D., Ph.D., '70, and David A. Jacoby '73, received this year's Sheard-Sanford Award in the national student essay contest sponsored by the American Society of Clinical Pathologists.

scott library

The newest building in the Jefferson complex is now open and in operation. The Scott Library-Administration Building is located directly across from the College on Walnut Street, between the Student Nurses Residence and the Orlowitz Residence Hall. Mr. Robert Lentz, Librarian, supervised his department's move from its College quarters to the first three floors of the Scott Building in late August. Administrative personnel are gradually filling their new offices on the floors above. Dedication ceremonies are scheduled for the spring.

faculty notes

administration

Dr. Joseph S. Gonnella, Associate Dean and Assistant Professor of Medicine, was on the faculty of the Teaching Institute of the Association for Hospital Medical Education, which met at Bedford Springs, Pa., July 24-26.

anesthesiology

Dr. Arthur Tarrow has been appointed Professor of Anesthesiology at Jefferson. Dr. Tarrow was formerly Chief of Anesthesiology of the U. S. Air Force and Medical Inspector General of the Air Force. He is the author of the book, *Basic Sciences in Anesthesiology*.

biochemistry

Dr. Paul H. Maurer, Professor of Biochemistry and Chairman of the Department, has been appointed Chairman of the Cell and Tissue Biology Committee of the Veterans Administration, Department of Medicine and Surgery, Washington, D. C.

Dr. Romano H. DeMeio, Professor of Biochemistry, has returned from a sabbatical leave which he spent at the Institute of Biological Chemistry, University of Padua, Padua, Italy.

medicine

Dr. Robert I. Wise, Magee Professor of Medicine and Chairman of the Department, delivered the annual Julius W. Sturmer Memorial Lecture at the Philadelphia College of Pharmacy and Science last spring. The subject was "Current Concepts of Antimicrobial Therapy."

Dr. Allan J. Erslev, Professor of Medicine, Dr. Thomas G. Gabuzda, Associate Professor of Medicine, Dr. Elias Schwartz, Associate in Medicine, and Miss Jeanne Atwater, Research Associate, participated in the XIII Congress of the International Society of Hematology in Munich, Germany, in August. Dr. Erslev and Dr. Gabuzda also presented papers at the Symposium Erythropoieticum in Prague, Czechoslovakia, recently.

Dr. Farid Haurani, Associate Professor of Medicine, presented a paper at the Sixth International Meeting of the Reticuloendothelial Society on July 31, in Freiburg, Germany.

ophthalmology

Dr. Thomas D. Duane, Professor of Ophthalmology and Chairman of the Department, was secretary of the section on ophthalmology at the AMA annual meeting in Chicago in June.

Dr. P. Robb McDonald, Professor of Ophthalmology, and Dr. Lov K. Sarin, Visiting Lecturer in Ophthalmology, presented papers at the American Ophthalmological Society meeting at Hot Springs, Va., in May.

Dr. William C. Frayer, Professor of Ophthalmology, organized and conducted the pathology section of the Lancaster Course in Ophthalmology at Waterville, Me., during June.

The Department of Ophthalmology sponsored a symposium in "Uveitis," April 30, in conjunction with the centennial celebration of the Alumni Association of Jefferson Medical College.

orthopedic surgery

Dr. Anthony F. DePalma, Emeritus Professor of Orthopedic Surgery, received the "Rehabilitation Physician of the Year" award at the Lily Ball held at the Bellevue Stratford Hotel in Philadelphia on October 17. The festivities benefited the Easter Seal Society for Crippled Children and Adults.

otolaryngology

Dr. James W. Schweiger has joined the Jefferson faculty as Professor of Otolaryngology and Chairman of the Division of Dentistry. He is a graduate of the University of Iowa College of Dentistry and received a master's degree there in 1957. He was previously with the Department of Otolaryngology and Maxillo-facial Surgery at the University Hospitals, Iowa City.

Dr. August P. Ciell, Clinical Associate Professor of Otolaryngology, received the Award of Merit of the American Academy of Ophthalmology and Otolaryngology at the Academy's meeting, October 5, in Las Vegas.

pathology

Dr. William V. Harrer, Assistant Professor of Pathology, and Dr. Misao Takeda, Associate in Pathology,

faculty notes

will present a Gastric Cytology Workshop on November 4 in Los Angeles.

Dr. George Studzinski, Associate Professor of Pathology, presented a paper at the Federation meeting in Atlantic City recently. Dr. Studzinski also chaired the session on "Enzymes" for the American Society of Experimental Pathology at the meeting.

pediatrics

Dr. Edwin D. Harrington, Associate Professor of Pediatrics and Director of the Jefferson Children and Youth Program, has received a \$30,500 grant to conduct an evaluation of the Children and Youth Clinic functioning.

pharmacology

Dr. Robert Snyder, Associate Professor of Pharmacology, presented a paper at the annual meeting of the American Society for Pharmacology and Experimental Therapeutics at Stanford University in Palo Alto, Calif., during August.

Dr. Wolfgang H. Vogel, Associate Professor of Pharmacology, presented a seminar at the New York State University at Buffalo, June 19.

psychiatry

Dr. Floyd S. Cornelison, Jr., Professor of Psychiatry and Chairman of the Department, participated in a workshop on "Marriage Counseling" at the Institute for Mental Health, Saint John's University, Collegeville, Minn., during July.

Dr. John A. Koltes, Clinical Associate Professor of Psychiatry, was elected a member of the faculty of the Philadelphia Association for Psychoanalysis in June.

Dr. James L. Framo, Assistant Professor of Psychiatry, presented a workshop on "The Practice of Family Therapy" at the Post-doctoral Institutes of the American Psychological Association, September 1-3, in Miami.

Dr. Alan J. Ward, Instructor in Psychiatry, has presented a number of papers on autistic children in the past year and made a presentation on this subject

at the International Congress of Social Psychiatry in Zagreb, Yugoslavia, in September.

radiation therapy

Dr. Carl M. Mansfield, Assistant Professor of Radiation Therapy, will present a paper at the Radiologic Society of North America, to be held from November 29 to December 4, in Chicago.

radiology

Dr. Jack Edeiken, Professor of Radiology, served as an examiner of the American Board of Radiology in Atlantic City in June.

Dr. Robert O. Gorson, Professor of Radiology, was asked to chair a special ad hoc committee of the Philadelphia Department of Public Health to investigate the environmental and occupational hazards of asbestos fibers and to draft regulations controlling the use of asbestos spray fireproofing materials in building construction within the City.

Dr. Peter Dure-Smith presented a lecture on "The Female Ureter" at St. Bartholomew's Hospital, London, England, in July.

Dr. John D. Wallace, Associate Professor of Radiology, chaired the session on "Arthritides" at the recent American Thermographic Society meeting.

Dr. Gary Shaber, Associate in Radiology, presented a paper in July at the International Congress of Radiation Research in Evian, France.

urology

Dr. Paul D. Zimskind, Nathan Lewis Hatfield Professor of Medicine and Chairman of the Department, was Chairman of the Scientific Sessions Committee for the annual meeting of the American Urological Association, held in Philadelphia during May. He was also a member of the Program Committee for the Mid-Atlantic Section meeting of the American Urological Association held in Hot Springs, Va., during October.

The Department of Urology was host at a luncheon for Jefferson alumni and other urologists who had trained at Jefferson, during the American Urological Association meeting in Philadelphia in May.

class notes

1911

Dr. Edwin C. Boyer, 2300 Menoher Highway, R. D. 5, Johnstown, Pa., sends his personal thanks to his classmates for their generous contributions to the Annual Giving Fund Drive. Dr. Boyer spent last winter in the "golden hills and balmy climate of California," and enjoyed it enormously. He hopes to get back there this winter.

1919

Dr. Harry J. Friedman, 1424 4th Ave., Seattle, Wash., and Mrs. Friedman celebrated their fiftieth wedding anniversary in July. They have two sons and six grandchildren. Dr. Friedman, a cardiologist, plays handball at least twice a week. He's been at the game for more than sixty years—the reason he can continue it now.

1920

Dr. Stanley D. Conklin, Guthrie Clinic, Sayre, Pa., was featured in the local newspaper on his fiftieth anniversary in medicine. Dr. Conklin has been with the Robert Packer Hospital since his graduation from Jefferson. In 1923 he became head of the medical department and continued in that position until 1964. After that he continued on the staff of the Guthrie Clinic. He still is the first to arrive at the Clinic every morning—and is one of the few who uses the stairs rather than elevators.

Dr. Joseph R. Kielar, 331 Main St., Simpson, Lackawanna Co., Pa., was honored by the Lackawanna County Medical Society for fifty years in medicine. Dr. Kielar is a surgeon and is on the staffs of St. Joseph's and Carbondale General Hospitals.

1922

Dr. Anthony D. Amerise, 263 Avenue Aragon, Coral Gables, Fla., who is a founder of Doctor's Hospital in Coral Gables, forwarded the annual report published last year. The hospital showed a net profit of more than half a million dollars. The hospital's medical wing is named for Dr. Amerise. A prominent Coral Gables citizen, he is also a director of the City National Bank of Coral Gables.

1923

The colleagues of the late **Dr. John A. Mackie** have presented Mercy Hospital in Hamilton, Ohio, with a plaque honoring Dr. Mackie's skilled and dedicated practice of medicine. Dr. Mackie was the first urologist in Hamilton and had served the community for thirty-eight years.

1926

Dr. George C. Griffith, 821 Valley Crest St., La Canada, Calif., received an honorary Doctor of Laws degree at the Juniata College commencement exercises in June. Dr. Griffith is a 1921 graduate of the College. The distinguished cardiologist also holds an honorary degree from the University of Southern California, where he is Professor Emeritus of Medicine.

Dr. Pascal F. Lucchesi will retire in January as Executive Vice President and Medical Director of Albert Einstein Medical Center, York & Tabor Rds., Philadelphia. He will continue as consultant to Einstein's President. Dr. Lucchesi has held his present position since 1952, when the medical center was formed from the merger of two hospitals. Prior to this he was chief of the city's Bureau of Hospitals and Medical Director of Philadelphia General Hospital. He is a past President of the Philadelphia County Medical Society and in 1948 received its Strittmatter Award.

1927

Dr. H. Paul Bauer, 231 Chestnut St., Meadville, Pa., retired from active practice in June. Dr. Bauer was Chief Surgeon at Spencer Hospital and Associate Surgeon at Meadville City Hospital when he retired. During his years of practice in Meadville, Dr. Bauer served several times as President of the Crawford County Medical Society.

1928

Dr. Richard P. Custer, 643 Moreno Rd., Narberth, Pa., has been named senior member of The Institute for Cancer Research in Fox Chase, Pa. He is a Professor of Path-

An 1883 alumnus by the name of Henry Isaiah Dorr has immortalized himself at Harvard Medical School. A Professor of Anesthesia there for twenty years, Dorr in 1917 made a gift to the University which he designated for "the benefit of medical and dental students of the College and suffering humanity." With this the University established the Henry Isaiah Dorr Professorship of Research and Teaching in Anesthetics and Anesthesia. The second incumbent of the Dorr Chair has recently been appointed. He is Dr. Richard J. Kitz, Professor of Anesthesia at Harvard and Chief of Anesthesia at Massachusetts General Hospital.

Dr. Dorr also held a D.D.S degree from the Philadelphia Dental College. In 1920, Temple University conferred on him an honorary Sc.D. degree.

class notes

ology at the University of Pennsylvania School of Medicine, where he has been on the faculty since 1929. He is a consultant to the Presbyterian-University of Pennsylvania Medical Center Department of Pathology, and was Director of that Department and Chief of Clinical Hematology and Medical Oncology until he resigned in 1968. He was an active trustee of the American Board of Pathology from 1944 to 1954, and was made a life trustee in 1961. Dr. Custer is a past President of the Pathological Society of Philadelphia and the Philadelphia Hematology Society. He is presently working on a revision of his book, *An Atlas of the Blood and Bone Marrow*.

Dr. A. Kelly Maness, 1324 Carolina St., Greensboro, N. C., is "quite gratified" to have his son in practice with him. Their practice is limited to ob-gyn. "My health is good and I am enjoying life."

Dr. Jo Ono, 6-13 6 Chrome, Roppongi, Minato-Ku, Tokyo, Japan, has been decorated by the Emperor with the Imperial Decoration of the Third Order of the Sacred Treasure. The Onos were invited to the new Imperial Palace for the occasion.

1930

Dr. Ernest H. Coleman, 705 Sunset Rd., State College, Pa., has retired as physician at the Ritenour Health Center at Pennsylvania State University. He had joined the staff there in 1959.

1931

Dr. Harold J. Cokeley, Rear Admiral, 3519 Emerson St., San Diego, Calif., is now fully retired in San Diego.

1932

Dr. Park M. Horton, 215 Church St., New Milford, Pa., was honored at a testimonial dinner a few months ago. About 350 residents of New Milford attended the event to honor Dr. Horton for his thirty-seven years of practice in the community. The overflow was given a chance to honor Dr. Horton at a reception the following day. The community's esteem for Dr. Horton was evidenced in the tribute, which referred to him as "doctor, humanitarian, counselor, civic-minded citizen, civic leader, church leader and benefactor." The dinner was sponsored by the New Milford Rotary Club, of which Dr. Horton is a charter member and past President.

1933

Dr. Anthony Ruppersberg, Jr., 336 E. State St., Columbus, Ohio, has been awarded the

Ohio State Medical Association's Distinguished Service Citation. Dr. Ruppberg was cited for his role in development of the Ohio Maternal Mortality Study. Through his direction information was collected and tabulated on 1,500 deaths which have occurred in Ohio since 1955.

1934

Dr. Roscoe P. Kandle, 4 Van Gogh Ct., Trenton, N.J., has received the Edward J. Ill Award of the Academy of Medicine of New Jersey.

1935

Dr. Donald K. Coleman, R. F. D. #1, Bethlehem, Pa., has joined the active staff of the Muhlenberg Medical Center Psychiatric Unit. He is also Chief of the Neuro-psychiatric Unit of Easton Hospital.

Dr. Milton Eisenberg, 2337 W. Lehigh Ave., Philadelphia, reports that his son, Ronald, is now serving his internship at Mount Zion Hospital in San Francisco.

Dr. Ransford J. Riddle has retired to his residence at Laurel Oaks, Neavitt, Md. Dr. Riddle has practiced in Sharon, Pa., since 1944, and was Chief of Ophthalmology at Sharon General Hospital.

1936

Dr. Gabriel E. DeCicco, 4501 Market at Maple, Youngstown, Ohio, has been elected President-Elect of the Clinical Staff of the Youngstown Hospital Association.

1937

Dr. Paul A. Bowers, 2031 Locust St., Philadelphia, was awarded the Outstanding Civilian Service Medal in ceremonies at Valley Forge Army Hospital recently. He served as Consultant in Obstetrics and Gynecology to the Department of the Army from 1949 to 1969. Dr. Bowers retired as an active Army Reserve Officer with the rank of Colonel in 1965.

Dr. John R. Lenehan, 10 Dale St., West Hartford, Conn., has been elected President of the Saint Francis Hospital Medical Dental Staff.

Dr. Roger J. Minner, 143 N. Eighth St., Allentown, Pa., has been made a director of The Merchants National Bank of Allentown, the city's second largest bank.

Dr. Carl G. Whitbeck, 431 Warren St., Hudson, N.Y., has been appointed Chief of Surgery at Columbia Memorial Hospital in Hudson. He has been a staff member at

Memorial since 1946. Dr. Whitbeck is a Fellow of the American College of Surgeons.

1938

Dr. James C. Hazlett, 7 Ecleo Point Cir., Wheeling, W. Va., is a popular guest speaker on a topic on which he is well versed: the Civil War. He is the author of numerous articles on Civil War artillery, and is writing a book on the subject. Dr. Hazlett completed a catalogue on the cannons at Gettysburg, which is used by the Gettysburg National Military Park as a reference.

Dr. Angelo B. Iannone, 659 Park Ave., East Orange, N.J., is serving as President of the Medical and Dental Staff of St. Mary's Hospital.

Dr. Morris J. Shapiro, 720 East Ave., Rochester 7, N.Y., was honored as 1970 B'nai B'rith "Man of the Year." Dr. Shapiro is President of the United Jewish Welfare Fund of Rochester and a member of the Board of Directors of the Jewish Community Council. He serves on the Executive Board of the Rochester Israel Bond Committee.

1939

Dr. George Evashwick, 204 Roswell, Long Beach 3, Calif., is President of the Long Beach, California Medical Association. He has practiced general surgery in Long Beach since 1955 and has been Chief of Surgery at the Community Hospital.

Dr. Norman J. Skversky, 6810 Castor Ave., Philadelphia, is Professor of Medicine, Peripheral Vascular Section, Pennsylvania College of Podiatric Medicine. His son, Robert, graduated from Hahnemann Medical College in June.

1941

Dr. James F. Flanagan, 550 Mount Prospect Ave., Newark, N.J., is President of the Medical Staff at St. Michael's Medical Center. He is Chief of the Department of Obstetrics and Gynecology there.

Dr. Arthur F. Hoffman, 3619 Harris Rd., Ft. Wayne, Ind., has two sons in pre-med, one at St. Louis and the other at Notre Dame. The Hoffmans have three daughters and six sons. His hobby: Boy Scouts. He holds several awards from his scouting activities.

1942

Dr. John F. Rhodes, R. D. # 3, Lehigh, Pa., has been appointed to the advisory

committee of the Coaldale office of the American Bank and Trust Company of Pennsylvania. Dr. Rhodes practices radiology and is on the staffs of three local hospitals.

Dr. Joseph W. Stayman, Jr., 350 Roumfort Ave., Philadelphia, was chosen as "Alumnus of the Year" by the Phi Chi Medical Fraternity at Jefferson. Dr. Stayman was honored with a citation at the fraternity's annual banquet. He is Clinical Associate Professor of Surgery at Jefferson and Director of Surgery at Chestnut Hill Hospital.



Dr. Stayman

1943

Dr. John J. Hosay, Medical Arts Bldg., 8 Clifton Pl., Jersey City, N.J., was recently made Associate Chief of the Urology Department at St. Francis Community Health Center in Jersey City.

1944J

Dr. Richard D. Moore, St. Francis Hospital, 2260 Liliha St., Honolulu, Hi., is Assistant Professor of Radiology and heads the Radiology Section at the University of Hawaii Medical School.

Dr. Edward J. Murphy, 1129 Ashbridge Rd., Rosemont, Pa., has been elected to the Board of Trustees of Harcum Junior College in Bryn Mawr, Pa. An obstetrician and gynecologist, he is on the staff of Bryn Mawr Hospital.

Dr. Maxwell W. Steel, Jr., has been awarded the Distinguished Service Medal, the highest non-combat award in the nation, for his twelve years of service at the Malcolm Grow USAF Medical Center, Andrews AFB,

Md. Brigadier General Steel recently assumed the position of Command Surgeon for the Military Airlift Command at MAC Headquarters, Scott Air Force Base, Ill. He has responsibility for MAC's world-wide aeromedical evacuation system. Prior to his new assignment he was Commander of the Malcolm Grow Medical Center, and Surgeon, Headquarters Command, USAF. He also has served as Deputy Commander of the hospital at Andrews Air Force Base, Director of Professional Services at Andrews, and Deputy Surgeon for Headquarters Command.



Dr. Steel

1944S

Dr. Robert G. Arrington, 923 12th St., Huntington, W. Va., is a staff physician at the Huntington Chesapeake and Ohio Railway Hospital on the medical service. He considers himself an "old fashioned family doctor," and likes this status. He wrote that he expected to become a grandfather in July, "and I don't know if I'll like this designation or not. Still feel young."

Dr. James G. Foley, 23 Somerset St., Bernardsville, N.J., has joined Esso Research and Engineering Company as a staff physician. Dr. Foley is Chairman of the Bernardsville Board of Health.

Dr. Robert E. Rich, 50 Newark Ave., Belleville 7, N.J., is serving as President of the Medical Staff of Clara Maass Memorial Hospital. He has been associated with the hospital for twenty-two years, and has been Attending Surgeon for the last twelve.

Dr. Richard H. Ross, 2313 N. Stuart St., Arlington, Va., recently became Director of

Personnel and Training for the Army Medical Corps. He has been at the Army Surgeon General's office since August 1969, serving as Vice Chairman of the World-wide Organizational Structure for Army Medical Support study group. The group was assigned to determine the best organizational structure for the Army Medical Department.

1947

Dr. Robert F. Babskie, 246 E. Washington St., Nanticoke, Pa., has been appointed Di-



Dr. Babskie

rector of Retreat State Hospital. He had been Acting Director there since 1968. In 1953 Dr. Babskie opened a general practice in Nanticoke. Ten years later he joined the Retreat staff as Acting Clinical Director. He left to complete a psychiatric residency and returned to the staff in 1968.

Dr. Joseph M. Corson, 24 Bloomfield St., Lexington, Mass., was promoted to Associate Professor of Pathology at Peter Bent Brigham Hospital.

Dr. Gerald D. Dodd has received the Fellowship degree of the American College of Radiology. The award for outstanding contributions to medicine was presented during the College's annual meeting in April. He is Chief of the Department of Diagnostic Radiology at M. D. Anderson Hospital and Tumor Institute, University of Texas, in Houston.

Dr. John J. Dowling has been appointed Chief of Orthopedic Surgery at Lankenau Hospital, Lancaster and City Line Avenues, Philadelphia. He succeeds Dr. John J. Gart-

land in the position, who became Chairman of the Department of Orthopedic Surgery at Jefferson. Dr. Dowling is a Clinical Assistant Professor at Jefferson. He also heads the Entertainment Committee for the Alumni Association at Jeff.

1949

Dr. Gerald M. Breneman, 28300 Forestbrook Dr., Farmington, Mich., is serving as President-Elect of the Michigan Heart Association. He is an associate physician in the cardiovascular disease division of Ford Hospital.

Dr. Peter L. Eichman, 333 N. Randall Ave., Madison, Wisc., has resigned as Dean of the University of Wisconsin Medical School and Director of the University's Medical Center. Dr. Eichman became the youngest Dean in the Medical School's history when he was appointed in 1965. He had been Assistant Dean for Clinical Affairs.

Dr. Howard Joselson, 276 High St., Perth Amboy, N.J., is still practicing internal medicine and neurology in Perth Amboy and instructing part time at Rutgers Medical School.

1950

Dr. Edward R. Malia, 13951 Terrace Rd., East Cleveland, Ohio, Associate Director of the Anesthesiology Department at Huron Road Hospital there, has been elected President of the Medical Staff.

1951

Dr. Leonard S. Girsh, #113 E. Church Rd., Philadelphia, was recently appointed to the editorial board of the *Annals of Allergy*.

Dr. Orson H. Mabey, Jr., 28 Ash, Rexburg, Idaho, has been appointed Clark County Physician.

1952

Dr. Edward P. Chappan has completed study at the Menninger School of Psychiatry, Topeka, Kans., and is in practice in Trenton, N.J. He is on the staff of St. Francis Hospital there.

Dr. Michael B. Dooley, Diamond Rock Hill, Malvern, Pa., is serving as President of the Chester County Medical Society. He has opened a new office in King of Prussia, Pa., for radiology practice.

Dr. Paul W. McIlvaine, 218 Mulberry St., Bristol, Pa., has been appointed to the Bucks County Board of Health. Dr. McIlvaine is a past President of the Bucks County Medical Society and is on the staffs of Lower Bucks and Mercer Hospitals.

Dr. Franklin B. Peck, Jr., has been promoted from Senior Physician to Director of Medical Plans and Regulatory Affairs for Eli Lilly and Company, Indianapolis, Indiana. Dr. Peck joined the Lilly Company in 1954 as resident physician in the Lilly Clinic at the Marion County General Hospital and was promoted to senior physician in 1962.



Dr. Peck

1953

Dr. James E. Brennan, 124 E. Marlton Pike, Cherry Hill, N.J., has been named Medical Director of the governmental health program department of the Prudential Insurance Company in Millville, N.J. He practices in Cherry Hill and Camden.

Dr. Charles V. R. Dauerty, Box 288, Central Square, N.Y., passed the anesthesia Boards he took in April. (One of his examiners was Dr. Jay J. Jacoby, Chairman of the Department at Jeff.) He is currently at the V.A. Hospital in Syracuse, teaching anesthesia at Upstate Medical School.

Dr. Harold J. Reinhard has been named Superintendent of Warren State Hospital in Warren, Pa. Dr. Reinhard came to Warren in 1954 as a resident psychiatrist. Prior to his promotion he was Clinical Director in Charge of Education. He is a Diplomate of the American Board of Psychiatry and Neurology.

1954

Dr. Warren W. Brubaker, 650 E. Main St., Annville, Pa., is doing general practice and

industrial medicine for Bethlehem Steel Corporation and Alcoa.

Dr. Clyde E. Harriger, 636 Scalp Ave., Johnstown, Pa., is now a Diplomate of the American Board of Family Practice. He is on the staff of Memorial Hospital in Johnstown.

Dr. Francis J. Nash, 75 Hinckley Rd., Milton, Mass., is Vice President of the Staff of St. Margaret's Hospital in Boston.

Dr. William H. Taylor, 149 S. Harrison St., East Orange, N.J., has been appointed physician for Upsala College.

Dr. Harry W. Weller, 11307 Gainsborough Rd., Potomac, Md., is Deputy Medical Director of the Bureau of Prisons, U. S. Department of Justice. He earned his M.P.H. from Johns Hopkins in 1968.

1955

Dr. John J. Hoch, 50 South Green, Nazareth, Pa., has been certified as a Diplomate of the American Board of Family Practice. He has been associated with Easton Hospital since graduation.

Dr. William A. Millhon, 2674 Haverford Rd., Columbus, Ohio, is President-Elect of the Ohio Society of Internal Medicine.

Dr. H. William Porterfield, 1100 Morse Rd., Columbus, Ohio, is President-Elect of the Ohio Valley Society of Plastic and Reconstructive Surgery.

Dr. Philip H. Taylor, 2220 Cheltenham Rd., Columbus, Ohio, will be President of the Academy of Medicine of Columbus and Franklin County in 1971.

1956

Dr. Kenneth N. Beers, Ubon Royal Thai AFB, Thailand, APO San Francisco 96304, has earned the Legion of Merit for distinguished service during a four year assignment at the Manned Spacecraft Center in Houston, Tex. Dr. Beers is Director of Base Medical Services at Ubon.

Dr. J. Harold Housman, Kilimanjaro Christian Medical Center, Box 3010, Moshi, Tanzania, E. Africa, sends this as his new address in Africa. The Housman family previously had spent two years in Ethiopia. All Jefferson people will be most welcome, Dr. Housman writes.

Dr. Paul G. McDonough has been advanced to Associate Professor of Obstetrics and Gynecology at the Medical College of Georgia in Augusta. He is Chief of the Gynecic Endocrine Unit there.

Dr. Wallace T. Miller, 3105 Coulter St., Philadelphia, has received the fellowship

degree of the American College of Radiology. He is affiliated with the Hospital of the University of Pennsylvania.

1957

Dr. Francis F. Bartone, 4101 Woolworth Ave., Omaha, Neb., has been named Chairman of the Department of Urology at the University of Nebraska College of Medicine. Dr. Bartone taught at the University of Oklahoma before coming to the University of Nebraska in 1967. A graduate of the University of Pennsylvania, he is a Fellow of the American College of Surgeons, and a member of the American Urological Association and the New York Academy of Science.

Dr. Joseph D. Cionni, 2250 Beech Grove Dr., Cincinnati, Ohio, is well established in his pediatrics practice now.

Dr. Stephen J. Herceg, 2201 N. 2nd St., Harrisburg, Pa., has been certified in plastic surgery and has a busy practice.

1958

Dr. Christopher J. Beutel, 1824 Hancock Blvd., Reading, Pa., has a thoracic and cardiovascular surgery practice in Reading. He completed a surgery residency at Jefferson and a thoracic surgery residency at the University of Maryland Hospital.

Dr. Paul E. Berkebile, 252 Cypress Hill Dr., Pittsburgh, Pa., was the commencement speaker at Rockwood Area High School this year. He graduated from the school twenty years ago. Dr. Berkebile had practiced in Rockwood before taking an anesthesiology and acute medicine residency at the University Hospitals in Pittsburgh.

Dr. Farrell R. Crouse, 61 Laurel Lane, Hammonton, N. J., has been made Medical Director and Chief Executive Officer of Ancora State Hospital in New Jersey. Dr. Crouse has administered the largest of the hospital's three regionalized psychiatric units since 1965. Before coming to Ancora, he was a staff psychiatrist at the U. S. Naval Hospital in Portsmouth, Va., and at Reading (Pa.) Hospital. He was in private practice for a year.

Dr. Robert E. Gross, 2085 Valley View Blvd., El Cajon, Calif., has been in general practice for three years. Hobbies include private flying—"used mainly to fly up to ski slopes in winter and back East for summer vacations."

Dr. William A. Stecher, Roentgendiagnostic Institute, d. Universitat Kantonspital, 8006 Zurich, Switzerland, is on a sabbatical year's leave, mostly in radiologic angiography. "Skiing is great!"

His job is the operation of New York City's eighteen hospitals. The expense budget for that task is 600 million dollars, and the capital budget is one billion. The work force is 40,000. And the salary is the second highest paid to a New York City official.

All that belongs to Dr. Joseph English '58, the newly appointed President of New York City's Health and Hospitals Corporation. English left his post as Chief of the Department of Health, Education and Welfare's Health Services and Mental Health Administration to accept the New York job. The corporation he heads was created a year ago in the reorganization of the City's health services, hospital facilities and management methods.

Dr. English sees the new corporation as a model program which will be watched by every city in the country. The basic problem is "how to develop high quality comprehensive health care which is derived from the needs of the people served and with their participation." He is an advocate of neighborhood health centers, and helped to develop many when he was Assistant Director of the Office of Economic Opportunity from 1966 to 1968. He hopes to involve local communities in the organization of these health centers in New York. He is also hoping to introduce more flexibility into the administration of the hospitals—and more health administration authorities.

Essentially the task is management, English says confidently, but with the awareness that many of his colleagues are shaking their heads at the possible obstacles of the job. But those same colleagues are saying that if there's one man who can do the job, it's Dr. Joseph English.



Dr. English

1959

Dr. Lewis C. Druffner, Jr., 618 Main St., Avoca, Pa., has been named to the board of directors of the First National Bank of Avoca. Dr. Druffner succeeds his late father, who has been on the board since 1940. He is a general practitioner in the community, where he, his wife and three children live.

Dr. James R. Wiant, 1302 W. Hayward, Phoenix, Ariz., writes that he has decided to take a medical residency. He has left his eight year old practice for St. Joseph's Hospital in Phoenix for three years.

1960

Dr. Rudolf W. Bee, Box 445, Bristol, Conn., has opened an office for ophthalmology practice in Bristol. He was formerly associated with Wills Eye Hospital in Philadelphia.

Dr. David Green, 1030 N. Elmwood Ave., Oak Park, Ill., is doing full-time research and teaching at Northwestern University Medical School, Department of Medicine.

Dr. William J. West, 613 Devonshire Dr., Carlisle, Pa., was installed as a Fellow of the American College of Obstetricians and Gynecologists at its April meeting.

1961

Dr. Joel B. Goldstein, 939 Sulgrave Lane, Bryn Mawr, Pa., has been promoted to

Assistant Professor of Psychiatry in the Child Psychiatry section of Woman's Medical College of Pennsylvania.

Dr. David J. Graubard, 7589 Heatherwood Dr., San Jose, Calif., recently joined the Sunnyvale Medical Clinic and is practicing orthopedics. "Being out of the service, living in California, and passing my orthopedic Boards are great."

Dr. Frederic T. Huffnagle, Box 123, Prides Crossing, Mass., has been certified in orthopedic surgery. He practices in Beverly, Mass. "We now have five children."

Dr. John P. Keefe, 3461 Warrensville Ctr., R.D. #203, Cleveland, Ohio, has been made a Fellow of the American College of Obstetricians and Gynecologists.

Dr. Thomas C. Reef, 1826 Cromwell Dr., Akron, Ohio, has moved his office to the Second National Bank Building in Akron, and is limiting his practice to surgery of the hand. He and his wife have two daughters.

Dr. Gordon D. ViGario has a new position as staff radiologist at Kaiser Hospital, 1505 N. Edgemont St., Los Angeles, Calif. He was formerly Instructor in Radiology at the University of Virginia at Charlottesville, Va.

Dr. James A. Walsh, 206 E. Brown St., East Stroudsburg, Pa., is now in radiology practice at the General Hospital of Monroe County in East Stroudsburg. He is associated with Dr. Peter Haynicz '62. Dr. Walsh was certified in radiology in 1968.

1962

Dr. William L. Dennison, Jr., has been appointed an Instructor in Clinical Dermatology at the University of Vermont College of Medicine. He also is an Assistant Attending Dermatologist at the Medical Center Hospital of Vermont. Dr. Dennison completed his residency at Mary Hitchcock Memorial Hospital in Hanover, N. H.

Dr. William H. Diehl, Jr., 325 B Kennedy Memorial Dr., Waterville, Me., has joined an associate in ENT practice in Waterville. He was on the faculty of Washington University in St. Louis, Mo., as Assistant Professor of Otolaryngology prior to this move. He was also Chief of the Ear, Nose and Throat Department at St. Louis City Hospital.

Dr. Robert E. Farrell, 60 Dogwood Lane, Swarthmore, Pa., is doing a radiology residency at Philadelphia General Hospital.

Dr. Robert M. Glazer, 110 Maloney Bldg., 3400 Spruce St., Philadelphia, has opened a private practice and is on the faculty of the Department of Orthopedic Surgery at the University of Pennsylvania School of Medicine.

Dr. Peter Haynicz finished his residency at Jefferson and has passed his Boards in radiology. He is in group practice in East Stroudsburg, Pa., and is affiliated with General Hospital of Monroe County.

Dr. Joseph Honigman, 5376 Oakleaf Ave., Raleigh, Tenn., is Chief of the Dermatology

Service, U. S. Naval Hospital, Millington, Tenn.

Dr. Hugo Mori has been certified by the American Board of Urologists. Dr. Mori and his brother, **Dr. Gino Mori '58**, share offices in the Scranton Life Building, 538 Spruce St., Scranton, Pa. At the meeting last May of the Northeastern Pennsylvania chapter of the Alumni Association Doctor Hugo Mori was elected President and Doctor Gino Mori, Secretary-Treasurer.

Dr. Michael J. Prendergast has joined the staff of York Hospital, S. George St. & Rathton Rd., York, Pa. He completed a residency in urology at the University of Maryland Medical School and Hospital in Baltimore, Md., recently. He has joined two associates in urology practice. Dr. Prendergast took a surgical residency at York Hospital from 1963 to 1967. He and his wife and three daughters reside in the area.

Dr. David E. Rosenthal, 7808 Louise Lane, Wyndmoor, Pa., has left his position as Chief of Cardiology and Coronary Care Unit Director at Kaiser Foundation Hospital in Redwood City, Calif., and has become associated with three other physicians in internal medicine practice in Melrose Park, Pa. He was certified by the American Board of Internal Medicine recently.

1963

Dr. David G. Borman, 2521 Crestview Cir., Irving, Tex., is on the Wichita Falls Clinic-Hospital staff specializing in orthopedics.

Dr. Dale C. Brentlinger, 519 Macon Ave., Canon City, Colo., is Director of the Coronary and Respiratory Care Units at St. Thomas More Hospital, Canon City. He has a private internal medicine practice also.

Dr. Frederick L. Dankmyer and **Dr. Ben P. Houser, Jr.**, became associated in a practice of ophthalmology in Tamaqua, Pa., in October. Dr. Dankmyer is on the medical and surgical ophthalmology service of the Coaldale Hospital there. He completed his residency at the Mayo Clinic last month. Dr. Houser's new address is R. D. #1, Leighton, Pa.

Dr. Robert M. Davis, 236 Holly Ave., Woodbury Heights, N. J., entered a plastic surgery residency at the University of Pennsylvania in July.

Dr. C. James Favino, 60 E. Fifth St., Bloomsburg, Pa., has joined the Department of Pathology at Geisinger Medical Center in Danville, Pa., after two years with the Navy in Key West, Fla.

Dr. Paul J. Hull, 629 S. First Ave., Co-

vina, Calif., opened a solo ob-gyn practice last February. The Hulls have two children.

Dr. William S. Lovrinic, 500 W. Rosedale Ave., C-6 Magdalene House, West Chester, Pa., wrote that he and **Dr. Maury Hoberman '60**, plan to open an otolaryngology practice in West Chester.

Dr. Melvin Yudis, 1211 York Rd., Abington, Pa., is now a nephrologist and Director of the Hemodialysis Unit of Abington Memorial Hospital.

1964

Dr. David A. Brian, 15151 Minock St., Detroit, Mich., completed his first year of ENT residency at Henry Ford Hospital and is "having a great time."

Dr. Ronald M. Burde, 10405 Corbeil Dr., Creve Coeur, Mo., has been promoted to Assistant Professor of Ophthalmology at Washington University School of Medicine in St. Louis.

Dr. Ronald H. Cohen, 2020 Scott Lane, Los Altos, Calif., is "happily settled in northern California," and is taking a fellowship at the University of California in the family counseling unit.

Dr. Joseph A. Davies has joined Dr. Murray A. Kessler '50, in a pediatrics practice at 741 Westwood Ave., Long Branch, N. J.

Dr. Stephen C. Kauffman, 3301 Goldsboro Ct., Falls Church, Va., is in general practice in Alexandria, Va. The Kauffmans have two sons.

Dr. Edward C. Leonard, Jr., has been named to the senior psychiatric staff at Friends Hospital in Philadelphia. He was formerly Chief of the Psychiatry Department of the 4531st Tactical Hospital at Homestead Air Force Base in Florida.

Dr. Joseph H. Miller completed his fellowship in pulmonary diseases at Johns Hopkins Hospital in June. In July he became Chief of Pulmonary Medicine at St. Agnes Hospital in Baltimore, Md. Home address: 32 Wooded Way, Apt. #12, Pikesville, Md.

1965

Dr. Thomas L. Bauer, 748 Clearmont Rd., York, Pa., has opened a private practice in York. Dr. Bauer completed four years of surgical residency at York Hospital.

Dr. Mark D. Brown, 2020 Brandywine St., Philadelphia, received his Ph.D. in experimental pathology at Jeff in June 1969. He has one more year of orthopedic surgery residency at Jeff. The Browns have three sons.

Dr. Joseph Y. Dwoskin, Children's Hospital, 219 Bryant St., Buffalo, N. Y., is an assistant Professor of Surgery (Urology) at State University of New York at Buffalo. He is the full-time pediatric urologist at Children's Hospital. The Dwoskins now have two daughters.

Dr. Robert J. Echenberg has completed his residency in obstetrics and gynecology at the University of Michigan Medical Center. He will spend the next two years in Bangkok, Thailand. His address: 5th Field Hospital, Bangkok, Thailand, APO San Francisco 96346.

Dr. Earl J. Fleegler, 416 Village in the Park, Pittsburgh, Pa., in July started a two year residency program in plastic surgery.

Dr. Joseph X. Grosso, Hopkinson House, Washington Square South, Philadelphia, is a resident at Friends Hospital. Dr. Grosso's wife, the former Patricia Cincotta, is also a physician. She received her degree from Kansas University Medical School.

Dr. John A. Hildreth, 3865 N. W. 57th Pl., Miami Springs, Fla., is a Fellow in cardiology at Jackson Memorial Hospital and the University of Miami Medical Center. April brought a new Hildreth to the house—John Martin.

Dr. Harlan M. Mellk, 200 Carman Ave., Apt. 13-A, East Meadow, N. Y., wrote that he planned to finish his renal fellowship last summer and would enter the Air Force. There are three daughters in the family.

Dr. William H. Rogers, 1000 Walnut St., #201, Philadelphia, won first place in the student and house staff division of the photomicrography contest sponsored by SAMA. His entry was "Dacron Prosthesis with Fibroblastic Ingrowth."

Dr. George W. Smith, an Air Force Captain, is serving as one of two psychiatrists for all Air Force personnel in Vietnam at the 480th USAF Hospital in Cam Ranh Bay. His address: 204282358 FV, Box 161-2134, USAF Hosp., CMR #1, APO San Francisco 96326.

1966

Dr. James J. Benjamin, 9421 Mellenbrook Rd., Columbia, Md., started on a research fellowship in pulmonary medicine at Johns Hopkins in July.

Dr. Nathan Cohen, c/o D. Giacomo, 414 Oakland Ave., Staten Island, N. Y., completed a psychiatric residency at Hillside Hospital in New York City in June, and is in Vietnam with his wife, who also just completed a psychiatric residency.

Dr. Robert Fisher, 4070 College Ave., Ellicott City, Md., has been appointed a staff

psychiatrist at Taylor Manor Hospital in Ellicott City. He recently completed his residency at Spring Grove State Hospital. He is also affiliated with Johns Hopkins as a physician in the outpatient department of the Psychosomatic Clinic.

Dr. Elethea M. Hitchens is the Chief Resident in General Surgery at Highland Hospital in Rochester, N. Y. Dr. Hitchens is spending a year of her surgery residency at Highland. She returns to Strong Memorial Hospital, also in Rochester, next year, when she will become the Chief Resident in Plastic Surgery there.

Dr. George M. Tai, 2301 S. Broad St., Philadelphia, is practicing at Methodist Hospital. He completed his ob-gyn residency in June.

Dr. Marvin S. Wetter, 70-35 260th St., New Hyde Park, N. Y., completed service with the Navy with the rank of Lieutenant Commander. He has started a residency in urology at Queens General Hospital in Jamaica, N. Y.

1967

Dr. Robert G. Little, 1121 Grant Blvd., Apt. D, Syracuse, N. Y., has started a two year family medicine residency at St. Joseph's Hospital in Syracuse.

Dr. Robert R. Madigan was stationed at Altus Air Force Base in Oklahoma, where he was doing general surgery, until August when he began an orthopedic surgery residency at the University of Pittsburgh Hospital. The Madigans have two daughters, Amy Lee and Robin.

Dr. Robert G. Mahan has been appointed to the staff of Memorial Hospital in Johnstown, Pa. He completed his internship and a year of pathology residency there.

Dr. Leonard H. Seltzer, 715 W. Belden Ave., Chicago, Ill., has been named Chief Resident at Children's Memorial Hospital in Chicago. Dr. Seltzer plans to return to the Wilmington, Del., area to practice after his residency.

Dr. Paul A. Sica, Jr., 3020 Hermosa Lane, Havertown, Pa., is spending a year at the University of Pennsylvania in a post graduate course in dermatology. The Sicas just left Guantanamo Bay, Cuba, after two years with the Navy.

Dr. Richard T. Vernick is an Assistant Resident in Medicine at Peter Bent Brigham Hospital, 721 Huntington Ave., Boston, Mass., and a teaching Fellow at Harvard Medical School.

Dr. John A. Yauch started an ob-gyn residency at the U. S. Naval Hospital in Philadelphia in July.

Dr. Ronald F. Zieziula, 105 Fairhaven Dr., Cheektowaga, N. Y., is Chief Resident in Pediatrics at Buffalo Children's Hospital. The Zieziulas have a son and a daughter now.

1968

Dr. William K. Grossman, 1315 Lombard St., Philadelphia, is taking a psychiatric residency at Pennsylvania Institute in Philadelphia.

Dr. Robert J. Risimini, Robin Rd., Union Lake, Millville, N. J., has been appointed Chief Resident in Pediatrics at Lenox Hill Hospital in New York.

Dr. Malcolm S. Weiss, 1112 State St., Monessen, Pa., is in the Public Health Service and stationed at the Robert F. Kennedy Youth Center in Morgantown, W. Va. "The work is interesting and I am getting a lot of experience in adolescent medicine."

Dr. Jacquelyn J. Wilson, 14321 Penasquitos Dr., San Diego, Calif., has opened a solo general practice in San Diego.

1969

Dr. Harold R. Hansen, Box 173, Quechee, Vt., will be spending the next two years in an orthopedic surgery residency at Mary Hitchcock Memorial Hospital.

Dr. Thomas A. Lane has been accepted for residency in medicine at Mary Hitchcock Memorial Hospital and the affiliated Veterans Administration Hospital. Mary Hitchcock is the hospital complex of the Dartmouth-Hitchcock Medical Center in Hanover, N. H.

Dr. Robert D. Meringolo, 1425 4th St., S. W., Washington, D. C., has accepted a commission with the U.S. Public Health Service.

weddings

1965

Dr. Richard C. Wilson to Mrs. Jo Ellen Lawson Alford

1969

Dr. Robert W. Egdell to Miss Janice Lynn Clor, July 18, 1970

Dr. John T. Millington, Jr., to Miss Ruth M. Leary

births

1966

A son, Glenn Charles, on April 27, to Dr. and Mrs. Murray C. Davis III

1967

A son, Jeffrey Marc, on August 17, to Dr. and Mrs. James M. Sumerson

Obituary

Charles E. Lerch, 1905

Died May 30, 1970.

Rudolph F. Decker, 1906

Died June 5, 1970 in Lincoln, Neb. Dr. Decker, who practiced for fifty-five years in Byron, Neb., was first speaker of the House of Delegates of the Nebraska State Medical Association. He held office in the Association for thirteen years. Surviving are three sons and a daughter.

James H. Howard, 1910

Died August 4, 1970. The first obstetrician to set up practice in York, Pa., Dr. Howard served as Chief of the Obstetrical Staff at York Hospital for over thirty years. Until 1967, he headed the Planned Parenthood Program of York which he had helped organize in 1935. Dr. Howard is survived by three daughters.

Jacob W. Walker, 1913

Died June 26, 1970. Dr. Walker, an obstetrician and gynecologist, had served as Associate Professor at Jefferson and was Chief of ob-gyn at Albert Einstein Medical Center. During his retirement Dr. Walker took up art and gave several one man shows. He is survived by his wife, Rebecca, and a son and daughter.

Edward W. Gilhool, 1914

Died July 1, 1970. Dr. Gilhool, an obstetrician and gynecologist, had his practice in Philadelphia where he served as Chief of Staff and Head of the Department at St. Joseph's Hospital. He is survived by his wife, three sons and two daughters.

Edgardo Quinones, 1916

Died May 2, 1970 in San German, Puerto Rico.

Lewis C. Druffner, 1917

Died June 22, 1970. Dr. Druffner, a general practitioner, resided in Avoca, Pa. Surviving are two sons, Dr. Lewis C. Druffner, Jr., '59, and Dr. Charles R. Druffner '60.

Ellwood C. Weise, 1920

Died July 18, 1970 in Bridgeport, Conn. Dr. Weise, a dermatologist, was a past President of the Connecticut State Medical Society and the Bridgeport Medical Society. He received a service award from the AMA in 1968. Active in medical education Dr. Weise taught at the College of Physicians and Surgeons, Columbia University. At Bridgeport Hospital Dr. Weise was Chief of the Clinical Division of Dermatology and Senior Attending Dermatologist. Surviving are two sons, Dr. Ellwood C. Weise, Jr., '47, and Major Kenneth S. Weise.

Louis Antupit, 1923

Died August 1, 1970 at St. Francis Hospital in Hartford, Conn. Dr. Antupit was Senior Attending Surgeon at Mt. Sinai Hospital and was a member of the staff at St. Francis and Hartford Hospitals. He served as President of the Connecticut Chapter of the Alumni Association. Surviving are his wife, Sylvia, and a son and daughter.

David Rose, 1924

Died June 15, 1970. Dr. Rose had a general practice in Chester, Pa. for forty-four years. He is survived by his wife, Helen, and a son.

Thomas H. Meikle, 1926

Died May 28, 1970 in Troy, New York, where he had practiced for forty-three years. Surviving are his wife, Louise, a son and daughter.

Vane M. Hoge, 1928

Died May 23, 1970 at the Naval Hospital in Bethesda, Md. Dr. Hoge, a leading authority on hospital planning, was an Assistant U. S. Surgeon General from 1948 to his retirement in 1958. Studies by Dr. Hoge eventually led to the Hill-Burton Hospital Planning and Construction Act of 1946, a program he headed for two years. He received a master's degree from the University of Chicago. Following his retirement he was Executive Director of the Metropolitan Hospital Planning Council in Chicago and then Assistant Director of the American Hospital Association's Washington Bureau. He is survived by his wife, Annabelle.

Samuel Deich, 1932

Died July 16, 1970 in Passaic, N. J. Dr. Deich was Director of the General Practice Department at St. Mary's Hospital and served as President of the Medical Staff there. He was a past President of the New Jersey Academy of General Practice. Surviving is his widow.

Louis Kaplan, 1938

Died July 8, 1970, at Einstein Medical Center, Philadelphia. Dr. Kaplan was a Professor of Psychiatry at Woman's Medical College. He was the author of numerous articles on psychiatry and psychoanalysis. He is survived by his wife, Kay, a son and three daughters.

James F. Fitzpatrick, 1939

Died April 13, 1970 of cardiovascular disease. He is survived by his wife.

John H. Cheffey, 1942

Died May 17, 1970 at the Great Lakes Naval Base where he was Commanding Officer. Dr. Cheffey was a Rear Admiral in the U.S. Navy, a rank he attained in 1968. He was certified by the American Board of Orthopedic Surgeons. Admiral Cheffey held the

Legion of Merit, the Navy Commendation Medal with "Combat V," and the Presidential Unit Citation Ribbon. In addition to his duties as head of the Naval Hospital and Naval Hospital Corps School at Great Lakes, he was District Medical Officer of the Ninth Naval District. His wife, Ruby, survives him.

Robert W. Kiley, 1944S

Died June 2, 1970. Dr. Kiley, a surgeon, was Associate Director of Surgery at Fitzgerald Mercy Hospital in Darby, Pa. He also served on the staff of Misericordia and Riddle Memorial Hospitals. Surviving are his wife, Kay, and four children.

Irving Nissenbaum, Faculty

Died August 11, 1970. Dr. Nissenbaum, a Clinical Assistant Professor of Psychiatry at Jefferson, received his medical degree at the University of Tennessee. He had a private practice in Reading, Pa., and served as Medical Director of the Lebanon Family and Children's Service. He is survived by his wife, Dorothy, a son, Dr. Mark Nissenbaum '69, and two daughters.

Theodore Tsaltas, Faculty

Died August 15, 1970, of bacterial endocarditis, after many years of a courageous battle against chronic renal insufficiency. He was Professor of Pathology at Jefferson.

Born in Greece, he received his medical degree from the University of Athens in 1948. Dr. Tsaltas' research dealt principally with the chemistry and pathologic physiology of lipids and connective tissues. His recent studies on Weber-Christian Disease have uncovered the hitherto unknown nature of the underlying defect. He received a special citation from the Philadelphia County Medical Society

for his contributions in biomedical research in 1968.

The following eulogy of Dr. Tsaltas accompanied by a memorial wreath, appeared on the first floor of the college after his death. "Our memory of Theodore Tsaltas is a deep and indelible impression of an extraordinary man of keen intellect, wit, charm, and inspiring enthusiasm whose unique determination continuously evoked our respect and deepest admiration. With awesome valor, he lived as if he had been insensible of mortality, and died as one who had been practiced in his death. Who could forget him?"

Medical Schools Imperiled (continued)

Monies were appropriated for laboratories, equipment, and salaries. The spin off to medical education *per se* was excellent. This became a way of life. In 1966, the augmentation ceased and since then cuts have been instituted at the rate of twenty-five per cent annually. This has created panic and has brought schools to the brink of disaster. Currently, applications filed with the federal government for construction total \$600 million but only \$118 million are appropriated. The National Institutes of Health spending for fiscal year 1969 was \$1.48 billion. The appropriation for fiscal year 1970 is \$1.42 billion. The President's proposed budget for fiscal year 1971 is \$1.54 billion, while the estimated needs are \$2.07 billion. Ironically, this insufficient funding comes at a time when the demands on the medical schools are escalating and unrelenting.

And where does Jefferson fit into all this?

Educationally, Thomas Jefferson University's avowed direction is strictly medical. Its four divisions are: Jefferson Medical College, College of Graduate Studies, College of Allied Health Sciences, and Thomas Jefferson University Hospital. Of these, Jefferson Medical College is first, last, and foremost. It is pivotal to the other three. Together, the four divisions present a united complex that produces physicians, paramedical personnel, investigators, and teachers and that delivers medical care both in the hospital and in the community.

Financially, Jefferson is neither a "have" nor a "have not" university. It is in between. Its monies are derived from government, tuition, endowment, patient care, and alumni. Of these, the greatest "net income" comes, and must come, from government. As in all medical institutions such funding has been for construction, research, training, special projects, improvement, and general support. And also as in all medical institutions, the funding has not only not kept pace with the escalation of Jefferson's expansion and costs but actually, in recent years, has been cut in crucial areas.

Of greatest concern at the moment, however, is aid from the Commonwealth of Pennsylvania. Along with other medical institutions, the State has been supporting Jefferson as far back as records are available. This year, the Governor proposed a fifty per cent reduction in appropriations to State-aided institutions. And this was to be the first step in a complete phase out. Since State aid has been built into the economy of institutions such as Jefferson, such action would be disastrous. Some schools could not survive.

And what can you, the Alumni, do?

If you are pleased with the education you have received—if you are satisfied with the present direction of medical progress—and if you like what you hear and see regarding Jefferson's thrust in particular, each of you, along with each of us, and particularly those residing and practicing in the Commonwealth of Pennsylvania, must become a crusader for continued support of medical education in its broadest sense. Jefferson has a story—a good story to tell. Let us spread the gospel far and wide at every opportunity. Legislators are pragmatic people. When they know the facts, they will give complete support.

Dr. Elmer H. Funk, Jr. '47
510 Millbrook Rd.
Devon, Pa. Chester Co. 19333